MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03699

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo
LENGTH OF STAY (In this place) 19 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Bryn Mawr Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo
STREET ADDRESS (If rural, give location) 2 Bryn Mawr

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) (Last) Abrams

4. DATE OF DEATH (Month) Mar (Day) 12 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4-15 1886
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operated D-T S. Store
10b. KIND OF BUSINESS OR INDUSTRY Grocery
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Pincus Sverdel
14. MOTHER'S MAIDEN NAME Pearl Goodkin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Samuel Abrams (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-12-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/14/1952
NAME OF CEMETERY OR CREMATORY Ohev Sholom Cem.
LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 3-14-52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR B. Danzansky & Son ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03100 213

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Commack Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 338 L St., S. W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Della	Blanche	Adams	Mar	22	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	Colored	Married	Jan. 19, 1926	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
housewife		Rockville, Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Donald Noland	Elizabeth Handy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Donald Noland Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bullet wound thru skull — 5 min.

981X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 2 bullet wounds thru chest

(c) 1 bullet wound thru abdomen

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	street	Rockville	Montg.	md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Mar 22. 52. 5 Pm.		Shot by husband

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* X, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brosnahan	M.D.	Gaithersburg md	3-22-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/25/52	Emory Grove	Emory Grove Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/25/52	Helen S. Eckenfelder Dep. Reg.	Robert L. Snowden	Rockville Md.

VS. A15a

RECEIVED
MAR 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03101

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md. LENGTH OF STAY (in this place) 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md.
STREET ADDRESS (If rural give location) 3000 PARKER AVENUE

3. NAME OF DECEASED (Type or Print) (First) VALENTINE (Middle) CHARLES (Last) BAILEY

4. DATE OF DEATH (Month) MARCH (Day) 20 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH JUNE 27, 1898
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) Carlisle, Kenna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CHARLES FREDERICK BAILEY
14. MOTHER'S MAIDEN NAME CATHERINE BARRY DEAL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. NONE
17. INFORMANT ADELAIDE HELEN GREEN (SISTER)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) PHLEBITIS LEFT LEG.

(c) CONGESTIVE HEART FAILURE.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from MARCH 1, 1952, to MARCH 20, 1952, that I last saw the deceased alive on 3/20, 1952, and that death occurred at 7 50 A.m., from the causes and on the date stated above.

SIGNATURE Belden R. Reap, MD. (Degree or title) ADDRESS 11502 Grandview Ave. Silver Spring, Md. DATE SIGNED 3/20/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 3/20/52
NAME OF CEMETERY OR CREMATORY Nat. Memorial Park
LOCATION (City, town, or county) Ave. Virginia (State)

DATE REC'D BY LOCAL REG. 3/20/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Walsh Fun. Home ADDRESS 741-11th St. S.E. Wash. D.C. No 481

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 17 1952
BUREAU V. S.

03102

Olney 217

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OLNEY
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTG. CO. GEN. HOS.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HIGHLAND
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) DOROTHY (Middle) ELIZABETH (Last) Beall
4. DATE OF DEATH (Month) (Day) (Year) 3-13 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 1-31-1918
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) GLENELG, Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Wm O SELBY
14. MOTHER'S MAIDEN NAME ESTELLA RIDGLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ?
17. INFORMANT AND ADDRESS JOSEPH D BEALL, HIGHLAND Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hodgkin's Disease — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

201X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/27, 1952, to 3/13, 1952, that I last saw the deceased alive on 3/12, 1952, and that death occurred at 3:55 m., from the causes and on the date stated above.

SIGNATURE C. H. Sigon (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 3/13/52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 3-15-52
NAME OF CEMETERY OR CREMATORY MT ZION
LOCATION (City, town, or county) HIGHLAND (State) Md.

DATE REC'D BY LOCAL REG. 3/14/52
REGISTRAR'S SIGNATURE John B. Loughran Per. B.E.L. Gertrude Lowler
24. FUNERAL DIRECTOR F.C. HIGINBOTHOM, ELLICOTT CITY, Md. ADDRESS

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VS. A-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

RECEIVED
MAR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03163

CERTIFICATE OF DEATH

Reg. Dist. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seneca.; LENGTH OF STAY (in this place) 30 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Germantown, R 7 D. 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seneca.; STREET ADDRESS (If rural, give location) Germantown R.7.D.#2

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) S. (Last) Beckwith

4. DATE OF DEATH: (Month) March (Day) 7, (Year) 1952

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 15-1870

9. AGE last birthday: 81 yrs. If under 1 year: Months 9, Days 21; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Sandy Beckwith

14. MOTHER'S MAIDEN NAME: Laura Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Martha Beckwith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senility, organic dementia — Interval between onset and death: 3-5 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria-sclerosis — 10-20 years

450.0 (c) Right hemiplegia - July - 1951

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June-6-, 1951, to March-7-, 1952, that I last saw the deceased alive on March-6-, 1952, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William C. Miller, M.D. ADDRESS: 7 Brookside, Gaithersburg, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3/10/52 | NAME OF CEMETERY OR CREMATORY: Seneca | LOCATION (City, town, or county): Seneca, Md. (State)

DATE REC'D BY LOCAL REG.: 3-10-52 | REGISTRAR'S SIGNATURE: Helen D. Eckenfelder (per BJS) | 24. FUNERAL DIRECTOR: Robert L. Snowden | ADDRESS: Rockville, Md

RECEIVED
MAR 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North Chevy Chase — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6 Inverness Drive

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North Chevy Chase
STREET ADDRESS (If rural, give location): 6 Inverness Drive

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) ERLE (Last) BELL
4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 21, 1877
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Transportation Specialist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cartersville, Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Vincent P. Bell
14. MOTHER'S MAIDEN NAME: Mary Shaw
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) M. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Fred Bell 550 4 Pa. Ave. [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Partial Cirrhosis

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from approx July, 1951, to 3/13/, 1952, that I last saw the deceased alive on 3/13/, 1952, and that death occurred at 5-15 p m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: 415 19th St. N.W. DATE SIGNED: [illegible] 3/15/5

23. BURIAL, CREMATION REMOVAL, (Specify): Burial — DATE THEREOF: 3/17/1952 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Ceme. — LOCATION (City, town, or county): Prince George Co. (State): Md.
DATE REC'D BY LOCAL REG.: 3/14/52 — REGISTRAR'S SIGNATURE: Frances Potter
24. FUNERAL DIRECTOR: The S. H. Hines Co. ADDRESS: 2901 14th St N.W. Washington D.C.

VS. AL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) one year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 409 Williamsburg Drive

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) (none) (Last) Bender
4. DATE OF DEATH: (Month) 3 (Day) 19 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: July 4, 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months 3 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housedutie
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Abrahams
14. MOTHER'S MAIDEN NAME: Esther Abrams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Moe Surowitz son in law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	minutes
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	hypertensive cardiovascular disease with	14 years
	DUE TO (c)	coronary insufficiency	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to March 19, 1952, that I last saw the deceased alive on March 19, 1952, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

SIGNATURE Frederic Brennwald (DEGREE OR TITLE) M.D. ADDRESS Takoma Park Md DATE SIGNED 3/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3 Apr 1952
NAME OF CEMETERY OR CREMATORY George Wash Memorial
LOCATION (City, town, or county) Hyattsville (State) Md.
DATE REC'D BY LOCAL REG. Mar. 19 1952
REGISTRAR'S SIGNATURE Francis Potter
24. FUNERAL DIRECTOR Goldberg Funeral Home ADDRESS 4217 9th St. N.W.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03106

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cloverly Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harding Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cloverly Maryland
STREET ADDRESS (If rural, give location) Harding Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EITA	LOUISA	BENNER	3	9	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	Widowed	November 27, 1867	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Siegersville Pennsylvania	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Owen Sieger	Sally Reber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT (AND ADDRESS)
		Leonard P. Benner (Son) 10015 Dallas ave Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Heart Disease — Interval Between Onset and Death: Several years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar, 1950, to Mar 9, 1952, that I last saw the deceased alive on Mar 9, 1952, and that death occurred at 12:00 Midnight, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John N. Andrews	M.D.	960 Colesville Rd Silver Spring Md	5-9-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-12-52	Rock Creek Cemetary	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-10-52	Frances Potter	A.N. Hines Co.	2901 14th St N.W. Washington D.C.

RECEIVED
MAR 12 1952
BUREAU W. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 23 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.

STREET ADDRESS (If rural, give location) 518 H St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Ralph		Berlin	March 19 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	widowed	April 9, 1884	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Buyer	lumber	Florida	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jake Berlin	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
No		Ralph J. Berlin - 2938 - 28th St. N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Massive Infarct, lft ventrical and IV septum	February 22 52
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Thrombosis, lft. descending & right coronary arteries	"
	DUE TO (c) Atherosclerosis, coronary & generalized	years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 2/22, 19 52, to 3/19, 19 52, that I last saw the deceased alive on 3/19, 19 52, and that death occurred at 1.30 p.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Aaron H. Traum	M.D.	8237 Georgia Ave - Silver Spring Md	3/19/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-23-52	Temple Beth El	Pensacola Fla.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/22/52	Bessie M. Thompson	B. Danzansky & Son	3501-14 St NW Wash DC

RECEIVED
MAR 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (In this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denesville
STREET ADDRESS (If rural, give location) - - - - -

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Myrtle	Watson	BERRY	March 28, 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	Negro	Married	Jan. 3, 1929	23 yrs.	02	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	- - - - -	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Roy WATSON	Helen ADAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO - - - -	- - - - - - - - -	Husband: William W. BERRY,

18. MEDICAL CERTIFICATION — same as Item 2

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ACUTE PULMONARY EDEMA	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ACUTE GLOMERULONEPHRITIS	4 days.
	(c)	

51 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bosshart	M.D.	Gaithersburg, Md	3-31-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 1, 1952	St. Mary's Cemetery	Newport, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 31, 1952	Neal Whittington	Hunt & Ryon Funeral Home,	Waldorf, Maryland.

VS. A-15A

RECEIVED
APR 4 1
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
MARYLAND
LENGTH OF STAY (in this place): 37 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 10600 Huntley Place

3. NAME OF DECEASED (Type or Print): (First) BABY GIRL (Middle) (Last) BISSETT

4. DATE OF DEATH: (Month) MARCH (Day) 25 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: MARCH 24-

9. AGE last birthday: yrs.
If under 1 year: Months / Days: 1
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Russell H. Bissett

14. MOTHER'S MAIDEN NAME: Francis Prather

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Respiratory Failure from

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity (25 weeks)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 26, 1952, to Mar 25, 1952, that I last saw the deceased alive on Mar 25, 1952, and that death occurred at 12 midnight, from the causes and on the date stated above.

SIGNATURE: Frank B. Leslie (Degree or title) M.D. ADDRESS: Silver Spring Md DATE SIGNED: Mar 27, 52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 3/31/52 | NAME OF CEMETERY OR CREMATORY: Suburban | LOCATION (City, town, or county) (State): Bethesda, Md.

DATE REC'D BY LOCAL REG.: 3/31/52 | REGISTRAR'S SIGNATURE: Bessie M. Gordon

24. FUNERAL DIRECTOR: [illegible] Mannix ADDRESS: [illegible]

10 a 2 - 27V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

RECEIVED
APR 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

63110

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scotland
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Scotland
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) Blackwell (Last)
4. DATE OF DEATH (Month) Mar. (Day) 16 (Year) 1952

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Apr. 12, 1937
9. AGE last birthday 14 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Olney, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Benjamin Blackwell
14. MOTHER'S MAIDEN NAME Delphia Hunter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Benjamin Blackwell. (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) lobar pneumonia

4 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the [redacted] stating the underlying cause last (b) malnutrition since birth from history - did not weight more than 25 lbs

(c)

INTERVAL BETWEEN ONSET AND DEATH 3 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14 1952 to March 16, 1952 that I last saw the deceased alive on March 14, 1952 and that death occurred at 11:15 p.m., from the causes and on the date stated above.

SIGNATURE G.V. Hartley, M.D. (Degree or title) ADDRESS Rockville, Md DATE SIGNED March 18, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/19/52
NAME OF CEMETERY OR CREMATORY Scotland
LOCATION (City, town, or county) Scotland, Md (State)

DATE REC'D BY LOCAL REG. 3/19-52
REGISTRAR'S SIGNATURE Helen S Eckenfelder (an B.B.)
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 20 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

211

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place): 0
HOSPITAL OR INSTITUTION OR STREET ADDRESS: B & O Passenger Train

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Ohio — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cleveland
STREET ADDRESS (If rural, give location): 1580 Ansel Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Henry (Last) Bode

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10/3/86

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Consultant Engineer (retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Youngstown, Ohio

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Elizabeth Fiehler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): no

16. SOCIAL SECURITY NO.: 287-01-2917

17. INFORMANT AND ADDRESS: Mrs. Martha E. Hardy, 9311 Sudbury Road, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — death.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Bronhard M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 3-14-52

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial — DATE THEREOF: 3/18/52 — NAME OF CEMETERY OR CREMATORY: Homewood Cemetery — LOCATION (City, town, or county) (State): Pittsburg, Pennsylvania

DATE REC'D BY LOCAL REG.: 3/17/52 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner L. Pumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

VS. A15A

RECEIVED
MAR 20 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) 8 Hutton St.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Francis (Last) Boland
4. DATE OF DEATH (Month) Mar (Day) 25 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 12, 1912
9. AGE last birthday 39 yrs. If under 1 year Months 9 Days 13 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY State Road.
11. BIRTHPLACE (State or foreign country) Germantown.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Francis Glenn Boland
14. MOTHER'S MAIDEN NAME Edith Clara Welsh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Eleanor S. Boland. Gaithersburg. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Respiratory failure	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Multiple Sclerosis	12 yrs
	(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to Mar 25, 1952, that I last saw the deceased alive on Mar 23, 1952, and that death occurred at 5:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank J. Broschart M.D. Gaithersburg Md 3-25-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 27/52
NAME OF CEMETERY OR CREMATORY St Rose Cemetery
LOCATION (City, town, or county) (State) Clopper. Maryland

DATE REC'D BY LOCAL REG. Mar. 26, 1952
REGISTRAR'S SIGNATURE Amelia L. Coode
24. FUNERAL DIRECTOR ADDRESS Ernest. C Gartner. Gaithersburg.

RECEIVED
MAR 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 615

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Virginia — COUNTY: Halifax

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halifax

STREET ADDRESS (If rural, give location): None ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
(none)	(none)	BOWLES	March 12, 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Single	March 11, 1952	✓ 00 yrs.	00	01		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	- - - - - - - - -	Maryland	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ronald H. BOWLES	Mary Frances LESLIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	- - - -	- - - - - - - -	Mother : Mary Frances Leslie BOWLES

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ATELECTASIS	
Anteceedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) PREMATURITY	
	DUE TO (c)	

7625

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
M.			

22. I hereby certify that I attended the deceased from Mar. 11, 1952, to Mar. 12 1952, that I last saw the deceased alive on Mar. 12, 1952, and that death occurred at 3:25 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
P. W. Schneider	P. W. SCHNEIDER, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD.	March 14, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Disposal	Mar. 15, 1952	U.S. Naval Medical School	Bethesda, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 14, 1952	Edith Wellington	NONE	

RECEIVED
MAR 17 1952
BUREAU V. S.

copy

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . . 1

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Takoma Park
LENGTH OF STAY (in this place) 1/2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 26
STREET ADDRESS (If rural, give location) 114 Greenland Rd.

3. NAME OF DECEASED: (Type or Print) (First) Phoebe (Middle) Elsie (Last) Brack

4. DATE OF DEATH: (Month) 3 (Day) 30 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4-16-79

9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Parker

14. MOTHER'S MAIDEN NAME: nee Green Elizabeth Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Cardiac Failure — Terminal
DUE TO
Antecedent cause(s) (b) Arteriosclerosis — Years
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

450.0

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28, 1952, to 3/30, 1952, that I last saw the deceased alive on 3/29, 1952, and that death occurred at 1:20 a.m., from the causes and on the date stated above.

SIGNATURE Robert A Hare M.D. (DEGREE OR TITLE) ADDRESS Takoma Park, Md. DATE SIGNED 3/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4/2/52
NAME OF CEMETERY OR CREMATORY Morland Park
LOCATION (City, town, or county) (State) Parkville Md.

DATE REC'D BY LOCAL REG. 4/1/52
REGISTRAR'S SIGNATURE W. W. Medina

24. FUNERAL DIRECTOR Wm Cook Inc ADDRESS 1217 St. Paul St.

VS. A15—9-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Virginia COUNTY: Arlington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington

STREET ADDRESS (If rural, give location): 3107 2nd Street, South

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Francis (Last) BREHM

4. DATE OF DEATH: (Month) March (Day) 18, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 17, 1952

9. AGE last birthday: 00 yrs. IF UNDER 1 YEAR: Months 00 Days 00 IF UNDER 24 HRS.: Hours 14 Min. 53

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Frederick C. BREHM

14. MOTHER'S MAIDEN NAME: Lucille VELARDE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) - - - - - - - - -

17. INFORMANT & ADDRESS: Father: Frederick C. BREHM,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Atelectasis

762.5

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Prematurity

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 17, 1952, to Mar. 18, 1952, that I last saw the deceased alive on Mar. 18, 1952, and that death occurred at 1:55 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

C. L. WAITE, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. March 19, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Mar. 19, 1952

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Sheboygan, Wisconsin

DATE REC'D BY LOCAL REG.: Mar. 19, 1952

REGISTRAR'S SIGNATURE: Elick Lakelington

24. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey Funeral Home, 7557 Wisconsin Ave., Bethesda, Maryland.

RECEIVED
MAR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 0; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Lux Manor; STREET ADDRESS (If rural, give location) 4 Tilden Lane

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) HAMLIN (Last) Briggs

4. DATE OF DEATH: (Month) Mar (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-11-1883

9. AGE last birthday: 68 yrs. If under 1 year: Months 7, Days 17; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Fertilizer

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: Not self Employed

14. MOTHER'S MAIDEN NAME: Lucy Boswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 250-03-0722

17. INFORMANT: T. Hamlin Briggs Jr.- High Point, N.C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) — Interval Between Onset and Death: death

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. dead on arrival at hosp.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Bouchard (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 3-28-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-31-52 — NAME OF CEMETERY OR CREMATORY: Green Hill — LOCATION (City, town, or county) (State): Berryville, Clark Co. Va.

DATE REC'D BY LOCAL REG. 3/30/52 — REGISTRAR'S SIGNATURE: Lizzie M. Thompson

24. FUNERAL DIRECTOR: Robert A. Humphrey — ADDRESS: Bethesda, Md.

RECEIVED
APR 11 1990
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) 100 Chestnut St

3. NAME OF DECEASED (Type or Print) (First) Wesley (Middle) Lee (Last) Briggs
4. DATE OF DEATH (Month) 3 (Day) 3 (Year) 19[illegible]

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) [illegible]
8. DATE OF BIRTH Dec 3/1916
9. AGE last birthday [illegible] yrs. If under 1 year Months [illegible] Days [illegible] If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible] at [illegible]
10b. KIND OF BUSINESS OR INDUSTRY Factory, Laborer
11. BIRTHPLACE (State or foreign country) Gaithersburg, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles E. Briggs
14. MOTHER'S MAIDEN NAME May B. Wolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Myrtle P. Briggs, Ga[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory failure due to	3 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture & dislocation 6 Cervical Vertebrae with injury to cord	11½ days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
(CITY OR TOWN) Gaithersburg (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 21 - '52 - 12:30 P m.
INJURY OCCURRED While at work ☐? Not while at work ☐
HOW DID INJURY OCCUR? Collision of fire truck & automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md. DATE SIGNED 3-3-52

23. BURIAL, CREMATION REMOVAL (Specify) Buffal
DATE THEREOF Mar 5, 19[illegible]
NAME OF CEMETERY OR CREMATORY Forest Oak Cemetery
LOCATION (City, town, or county) Gaithersburg (State)

DATE REC'D BY LOCAL REG. Mar 3, 1952
REGISTRAR'S SIGNATURE Alberda G Cooke
24. FUNERAL DIRECTOR Ernest C. [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 7 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Metropolitan Grove
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Metropolitan Grove Md
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LAYFATTE (Middle) — (Last) BROOKS

4. DATE OF DEATH (Month) March (Day) 11 (Year) 1952

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec 1 1865
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT Welfare Board Rockville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

+20.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemiplegia

(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 10, 1952, to Mar 10, 1952, that I last saw the deceased alive on Mar 10, 1952, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE P Bunny Sherly MD (Degree or title) ADDRESS Gaithersburg DATE SIGNED Mar 12/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 12 1952
NAME OF CEMETERY OR CREMATORY Brooke Grove Md
LOCATION (City, town, or county) Montgomery Co (State) Md

DATE REC'D BY LOCAL REG. Mar. 12, 1952
REGISTRAR'S SIGNATURE Alneda G. Cooke
24. FUNERAL DIRECTOR Roy W Barber Laytonsville Md ADDRESS

RECEIVED
MAR 14 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase (15)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5204 Western Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase (15)
STREET ADDRESS (If rural, give location) 5204 Western Avenue

3. NAME OF DECEASED (Type or Print) (First) Dr. (Middle) John Patrick (Last) Burke, DDS.

4. DATE OF DEATH (Month) March (Day) 8, (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married

8. DATE OF BIRTH Aug. 6, 1897

9. AGE last birthday 54 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professional

10b. KIND OF BUSINESS OR INDUSTRY Dentist

11. BIRTHPLACE (State or foreign country) Wilmington, Deleware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Patrick Burke

14. MOTHER'S MAIDEN NAME Catherine Diskon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS 5204-Western Ave. Ch.Ch. 15, Md Catherine O'Donnell Burke - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — Indefinite

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Mitral and Aortic Disease — 6 yrs. (+)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to 3/8, 1952, that I last saw the deceased alive on 3/8, 1952, and that death occurred at 8:45 p m., from the causes and on the date stated above.

SIGNATURE John F. Finnegan (Degree or title) - M.D. ADDRESS 1746-K St. N.W. DATE SIGNED 3/8/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ Burial

DATE THEREOF March 15, 1952

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 3/10/52

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Jim Bryan, Inc. 317 - Pa. Ave., S.E. Wash 3DC
Jeffrey, Jr. #162

RECEIVED
MAR 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00120

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place) 27 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 W. Woodbine Street	STREET ADDRESS (If rural, give location) 10 W. Woodbine Street

3. NAME OF DECEASED (Type or Print)	(First) HELEN	(Middle) B.	(Last) BUTLER	4. DATE OF DEATH (Month) (Day) (Year) March 2, 1952 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 20, 1891	9. AGE last birthday 60 yrs. — If under 1 year: Months 4, Days 12 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Washington, D. C.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Thomas Budd		14. MOTHER'S MAIDEN NAME Louisa Graham		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Paul H. Butler-Same as Item # 2		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion — 2 hrs

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 21, 1952, to March 2, 1952, that I last saw the deceased alive on Feb. 29, 1952, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

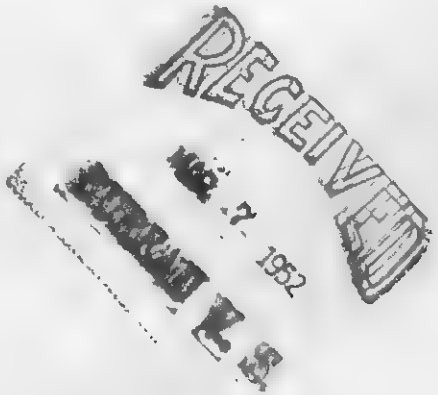
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sidney C. Couvenis	M. D.	3921 Ingomar St. N.W. Wash.	3-2-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3-5-1952	NAME OF CEMETERY OR CREMATORY Glenwood	LOCATION (City, town, or county) Washington	(State) D.C.
DATE REC'D BY LOCAL REG. 3/4/52	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Robert A. Pumphrey	ADDRESS Bethesda, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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1952

Item 8 FilmG140 4/2/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson, Rural
LENGTH OF STAY (in this place) 37 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson - Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) Mason (Last) Butler

4. DATE OF DEATH (Month) March (Day) 20 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 6/15/1915
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Active Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Walter M Butler
14. MOTHER'S MAIDEN NAME Rosa Cubitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Dorothy Hopkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive Heart Failure — one week

Antecedent cause(s) (b) Congenital Heart Disease Patent Ductus Arteriosis Patent Interventricular septum — 37 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis, Hepatic, type undetermined — 5 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to 20 March, 1952, that I last saw the deceased alive on 20 March, 1952, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE Gordon M Smith (Degree or title) M. D ADDRESS Barnesville DATE SIGNED 20 March '52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/24/52
NAME OF CEMETERY OR CREMATORY Monocacy
LOCATION (City, town, or county) Beallsville, Md (State)

DATE REC'D BY LOCAL REG. Mar 21, 1952
REGISTRAR'S SIGNATURE Charles E. Elgin
24. FUNERAL DIRECTOR William B Hilton ADDRESS Barnesville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place) 5 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 712 Brent Road	STREET ADDRESS (If rural, give location) 712 Brent Road

3. NAME OF DECEASED (Type or Print)	(First) Douel	(Middle) Gloyd	(Last) Butts	4. DATE OF DEATH	(Month) March	(Day) 2	(Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-4-1880	9. AGE last birthday 71 yrs.	If under 1 year Months 9 Days 28	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME William Gloyd	14. MOTHER'S MAIDEN NAME Elizabeth Clagett						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Mrs. Naomi B. Wheeler - 540 Brent Road Rockville, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Congestive Heart Failure	2 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	2 hours
	(c) Arteriosclerosis	20 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Diabetes Mellitus	15 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Feb, 1948, to 2 Mar, 1952, that I last saw the deceased alive on 2 March, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W S Humphrey MD	MD	Rockville	2 March 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 5, 1952	Darnestown Presbyterian	Gaithersburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-4-52	Helen S. Eckenfelder (per BJB)	Robert A. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A10

RECEIVED
MAR 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Bethesda, Rural

LENGTH OF STAY (in this place): 19 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Virginia COUNTY Albemarle

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charlottesville, Rural

STREET ADDRESS (If rural, give location): Box 63A, Route 1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day)	(Year)
Frances	Lucille	CAIN	March 29,	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Mar. 31, 1899	52 yrs.	11	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	- - - - - - - -	Washington, D.C.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William H. SHIPMAN	Jennie GROVES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	- - - - -	- - - - - - - -	Husband: Byron Bernard CAIN,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA, METASTATIC, LEFT KIDNEY, SMALL	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) BOWEL, LUNGS AND LIVER	2 yrs.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
Mar. 29, 1952	Same as above	Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Mar. 10, 19 52, to Mar. 29, 19 52, that I last saw the deceased alive on Mar. 29, 19 52, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

R. L. WEBSTER, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. Mar. 30, 19 52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Apr. 2, 1952	Arlington National Cemetery	Arlington, Virginia	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 30, 1952	Edith L. Arlington	Jos. Gawler's Sons Funeral Home,	1730 Pennsylvania Avenue, NW, Washington, D.C.

RECEIVED
APR 1 1952
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (in this place) 17 1/2 hrs; MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
STREET ADDRESS (If rural, give location) Silver Spring R #1

3. NAME OF DECEASED (Type or Print): (First) Milton (Middle) (Last) Carter

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5. 8. 72

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fenton Carter

14. MOTHER'S MAIDEN NAME: Jane Mahoney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 30 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 420.1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31, 1952, to 3/31, 1952, that I last saw the deceased alive on 3/31, 1952, and that death occurred at 9:00 p. m., from the causes and on the date stated above.

SIGNATURE: A. D. Bramhall (Degree or title) M.D. ADDRESS: Sandy Spring Md. DATE SIGNED: 4/1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4-3-52 | NAME OF CEMETERY OR CREMATORY: Potomac Church Cem. | LOCATION (City, town, or county) (State): Montgomery Co. Md.

DATE REC'D BY LOCAL REG.: 4-2-52 | REGISTRAR'S SIGNATURE: Gertrude B Lawler | FUNERAL DIRECTOR: Robert A. Pumphrey | ADDRESS: Bethesda, Md.

V.S. A10

RECEIVED
APR 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrett Park
STREET ADDRESS (If rural, give location) 5 Waverly Ave.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Fred (Last) Carter
4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Aug. 30, 1860
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Accounting Office
11. BIRTHPLACE (State or foreign country): New Hampshire
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Sullivan Carter
14. MOTHER'S MAIDEN NAME: Eliza Ann Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: 4501 West Va. Ave. Robert F. Carter Bethesda Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Uremia Acute	5-6 days
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypernephroma Lf	yrs.
	DUE TO (c)	Arteriosclerosis Generalized	yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 1951, to 3-11-, 1952, that I last saw the deceased alive on 3-11-, 1952 and that death occurred at 5:55 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) [signature] ADDRESS Kensington Md DATE SIGNED 3/12/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar. 14, 1952
NAME OF CEMETERY OR CREMATORY Glenwood
LOCATION (City, town, or county) Washington (State) D. C.
DATE REC'D BY LOCAL REG. 3/13/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A16 3-51

RECEIVED
MAR 17 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

63126

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 Philadelphia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC
STREET ADDRESS (If rural, give location) 2107 Plymouth Circle NW

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MARGARET B CASEY

4. DATE OF DEATH (Month) (Day) (Year) March 31 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug 23, 1864
9. AGE last birthday 8.7 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Madison Wisc
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME John Brennan
14. MOTHER'S MAIDEN NAME Hannah Cussen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Marie F Victory 2107 Plymouth Circle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of breast

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 1-2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 1946, to 31 March 1952, that I last saw the deceased alive on 29 March 1952, and that death occurred at 9:30P m., from the causes and on the date stated above.

SIGNATURE William D Cand (Degree or title) MD ADDRESS Silver Spring, Md DATE SIGNED 31 March 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 3 1952
NAME OF CEMETERY OR CREMATORY Mt. Eliach
LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. 4/1/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4812 Gallatin Wash DC

RECEIVED
APR 3 1922
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Takoma Park
LENGTH OF STAY (in this place): 6 yrs. 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7707 Carroll Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 7707 Carroll Avenue

3. NAME OF DECEASED: (Type or Print) (First) Wilda (Middle) Hare (Last) Chrisman

4. DATE OF DEATH: (Month) Mar. (Day) 15, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 12, 1863

9. AGE Last birthday: 89 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Marion, Iowa.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Willis(?) Hare

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. J. W. Chrisman, Takoma Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic pneumonia	5 days
420.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease	Years
	DUE TO (c) Arteriosclerosis, generalized	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Inanition — 18 mo.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1952 to Mar. 15, 1952 that I last saw the deceased alive on Mar. 14, 1952, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

SIGNATURE: Wallace R. Mook (DEGREE OR TITLE) M.D. ADDRESS: 7701 Carroll Ave. Takoma Pk. Md. DATE SIGNED: 3-15-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: March 18, 1952
NAME OF CEMETERY OR CREMATORY: George Washington Cemetery
LOCATION (City, town, or county) (State): Prince Georges County, Md.

DATE REC'D BY LOCAL REG.: March 15 1952
REGISTRAR'S SIGNATURE: J. Allan Dodd

24. FUNERAL DIRECTOR ADDRESS: J. Arthur Walters, 254 Carroll St. NW Takoma Park, D.C.

RECEIVED
MAR 17 1952
BUREAU V. S.

12

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6059 River Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 6059 River Road

3. NAME OF DECEASED (Type or Print): (First) Rosie (Middle) B. (Last) Clipper
4. DATE OF DEATH: (Month) March (Day) 4, (Year) 1952
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 25, 1878
9. AGE last birthday: 73 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Orange, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Julius Johnson
14. MOTHER'S MAIDEN NAME: Agnes Twyman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Geneva Parker, Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 8 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — [illegible]

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1952, to Mch. 4, 1952, that I last saw the deceased alive on Mch. 3, 1952 and that death occurred at 5:30 A.m., from the causes and on the date stated above.

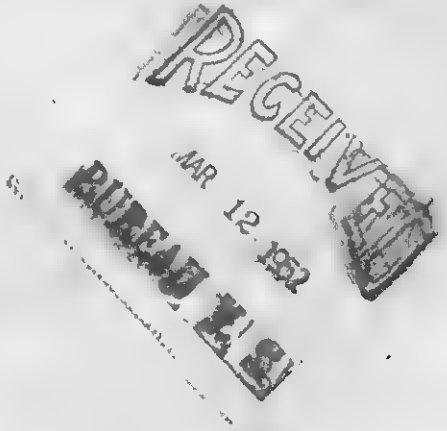
SIGNATURE (Degree or title): Wheeler O. Huff M.D. — ADDRESS: 4529 Maple Ave., Bethesda, Md. — DATE SIGNED: 3-[illegible]-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3/9/52 — NAME OF CEMETERY OR CREMATORY: Seneca — LOCATION (City, town, or county) (State): Seneca, Md.

DATE REC'D BY LOCAL REG.: 3/10/52 — REGISTRAR'S SIGNATURE: Russie M. [illegible] — 24. FUNERAL DIRECTOR: Robert P. Snowden, Rockville, Md. — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


RECEIVED
MAR 12 1952
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; MARYLAND; LENGTH OF STAY (in this place) 19 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 9901 Lorain Avenue Jennie

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mary and; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS 9901 Lorain Ave (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Graham (Last) Cole

4. DATE OF DEATH: (Month) March (Day) 6, (Year) 1952

5. SEX: Fe

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb. 15, 1880

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William E. Graham

14. MOTHER'S MAIDEN NAME: Mary I[illegible] Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Arthur G. Cole 9901 Lorain Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of Lung — Interval Between Onset and Death: Several months

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18, 1951, to Mar 6, 1952, that I last saw the deceased alive on Mar 4, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John H. Andrew M.D. ADDRESS 9601 Colesville Rd Silver Spring Md DATE SIGNED 3-6-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 3/10/52; NAME OF CEMETERY OR CREMATORY Cedar Hill; LOCATION (City, town, or county) (State) Prince Georges County, Md.

DATE REC'D BY LOCAL REG. 3/7/52; REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR S. H. Hines Co., Inc. ADDRESS 2901 14th St. Wash. D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 12 m. 42 ds.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hospital, Takoma Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville Md.
STREET ADDRESS (If rural, give location): 2012 Drexel St.

3. NAME OF DECEASED (Type or Print): (First) infant (Middle) (Last) Cove

4. DATE OF DEATH: (Month) 3 (Day) 31 (Year) 1952

5. SEX: Male. 6. COLOR OR RACE: White. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): infant

8. DATE OF BIRTH: 3-31-52 9. AGE last birthday: - yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours 12, Min. 42

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Winfield Cove

14. MOTHER'S MAIDEN NAME: Katherine Joan Curran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fetal atelectasis

7625 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30, 1952 to 3/31, 1952 that I last saw the deceased alive on 3/30, 1952 and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Alan K. Lindsay MD ADDRESS: 113 Irving St. N.W. Wash. D.C. DATE SIGNED: 3/31/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 1, 1952 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county): Washington (State): D.C.

DATE REC'D BY LOCAL REG.: March 31-1952 — REGISTRAR'S SIGNATURE: Jr Hatton Dodd

24. FUNERAL DIRECTOR: J. Arthur Wall's, 254 Carroll Ave. Takoma Park, D.C. — ADDRESS

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APR 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney MD
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery C General Olney MD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Damascus~~ Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SAMUEL WALTER DARBY (Middle) (Last)
4. DATE OF DEATH (Month) March (Day) 23 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Marriage
8. DATE OF BIRTH May 15 1894
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Lay Work
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Samuel Darby
14. MOTHER'S MAIDEN NAME Rosabel Newreomous
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) n (If yes, give war or dates of service) 2
16. SOCIAL SECURITY No. 212-12-5810
17. INFORMANT AND ADDRESS Hallie Mae Darby Damascus MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	40 hours
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular-renal disease with Chronic nephritis & hypertension	1-2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Male
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) No injury (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 21 1952, to March 23 1952, that I last saw the deceased alive on March 23, 1952, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE M. McKendree Boyer M.D. (Degree or title) ADDRESS M. McKendree Boyer, M.D. Druid Theater Building, Damascus, Maryland. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 26 1952
NAME OF CEMETERY OR CREMATORY Wesley Grove
LOCATION (City, town, or county) Woodfield MD (State)
DATE REC'D BY LOCAL REG. 3-26-52
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Roy W Barber Laytonsville MD ADDRESS

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MAR 31 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9225 Longbranch Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9225 Longbranch Parkway

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Donald	Dwight	Drake	March	5	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	7/7/1931	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Drake
14. MOTHER'S MAIDEN NAME: Wilhelmina Saul

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 577-38-6249
17. INFORMANT AND ADDRESS: Mr. Joseph Drake, 9225 Longbranch Parkway, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Glomerulo-nephritis — 2-3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 8 X

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertension — 7.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 51, to 5 March, 19 52, that I last saw the deceased alive on 24 Feb, 19 52, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William D. Cud	M.D.	Silver Spring Md	5 March 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/8/52	Ft. Lincoln Cemetery	Prince George County, Md.

DATE REC'D BY LOCAL REG. 3/10/52 — REGISTRAR'S SIGNATURE Frances Cotter — 24. FUNERAL DIRECTOR ADDRESS: Warner & Humphrey, 8434 Georgia Avenue, Silver Spring, Maryland

VS Form 1

RECEIVED
MAR 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 5 mo. 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10,004 Sutherland Road

3. NAME OF DECEASED (Type or Print) (First) Martin (Middle) Francis (Last) Draper
4. DATE OF DEATH (Month) Mar. (Day) 14 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov. 4, 1860
9. AGE last birthday 91 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Fitter (retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Greenfield, Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas F. Draper
14. MOTHER'S MAIDEN NAME Margaret ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS 10,004 Sutherland Rd. Mr. Richard F. Draper, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebrovascular Accident	2 wk.
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hypertensive Cardiovascular Disease	Years
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/21, 1952, to 3/14, 1952, that I last saw the deceased alive on 3/13, 1952 and that death occurred at 2:00 pm., from the causes and on the date stated above.

SIGNATURE C. A. Rigon (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 3/14/52

23. BURIAL, CREMATION REMOVAL (Specify) Trans. & Burial
DATE THEREOF 3/17/52
NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery
LOCATION (City, town, or county) (State) Indianapolis, Ind.

DATE REC'D BY LOCAL REG. 3-18-52
REGISTRAR'S SIGNATURE Gertrude B Fawler
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

from Frances E Potter Silver Spring

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS

RECEIVED
MAR 21 1952
BUREAU V. S.

Item [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4812 North Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4812 North Lane

3. NAME OF DECEASED: (Type or Print) (First) NETTA (Middle) RUTH F. (Last) EBERHART
4. DATE OF DEATH: (Month) MARCH (Day) 2 (Year) 1952
5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 8, 1876 86
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Greenville, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S. Citizen
13. FATHER'S NAME: George W. Fertich
14. MOTHER'S MAIDEN NAME: Elizabeth Matilda Fertich
15. WAS DECEASED (Yes, no, or unk.) No
EVER IN U.S. ARMED FORCES? (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Winona Margaret Eberhart, daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY OCCLUSION	MINUTES
DUE TO		
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic Heart Disease	10 years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH, 1950, to MARCH 2, 1952, that I last saw the deceased alive on FEB. 21, 1952, and that death occurred at 4:50 A.m., from the causes and on the date stated above.

SIGNATURE Robert G. Angle (DEGREE OR TITLE) M.D. ADDRESS 5029 Bethesda Ave Bethesda Md. DATE SIGNED 3/2/52

23. BURIAL, CREMATION REMOVAL (Specify): Removal DATE THEREOF 3/5/1952 NAME OF CEMETERY OR CREMATORY Washington National LOCATION (City, town, or county) Suitland, Md (State)

DATE REC'D BY LOCAL REG. 3/3/52 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR J. H. Chambers Co ADDRESS 3072 - M st. NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

Met Policy # 2,957,837 M

RECEIVED
MAR 5 1952
U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 7903 Takoma ave

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) M (Last) Ellis

4. DATE OF DEATH (Month) March (Day) 5 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH Sept 11, 1861

9. AGE last birthday 90 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Huseman

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Belle Padgett 7903 Takoma ave Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval between Onset and Death
Immediate cause	(a) Congestive Heart Disease	5 month
434.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic heart & kidney disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1951, to Mar 5, 1952, that I last saw the deceased alive on Mar 5, 1952, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE J. [illegible] (Degree or title) M.D. ADDRESS 4921 N. H. Cr. N.W. DATE SIGNED 3-5-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ DATE THEREOF 3/8/1952 NAME OF CEMETERY OR CREMATORY Glenwood LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 3/7/52 REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Robert A Mattingly ADDRESS 131-11 St. Wash D.C.

RECEIVED
MAR 10 1952
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS: A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Somerset, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Somerset Md.
STREET ADDRESS (If rural, give location) 502 Essex Ave.

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) (None) (Last) Faesch

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb 16 1887

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Swiss Vice Counsel

10b. KIND OF BUSINESS OR INDUSTRY: Diplomatic

11. BIRTHPLACE (State or foreign country): Switz.

12. CITIZEN OF WHAT COUNTRY? Switz.

13. FATHER'S NAME →

14. MOTHER'S MAIDEN NAME: Rebecca White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Faesch 502 Essex Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 1 hour.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 16 1952, to Mar. 16, 1952, that I last saw the deceased alive on Mar. 16, 1952, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

F. M. McChesney, M.D. — 4630-36th St. NW — Mar. 16/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town or county) (State)

3/17/52 | Ft. Lincoln Cem. | Prince Georges County Md.

DATE REC'D BY LOCAL REG. 3-17-52 | REGISTRAR'S SIGNATURE Bessie M Thompson | 24. FUNERAL DIRECTOR | ADDRESS

The G.H. Hess Co. 2201-14th St. N.W.

Coroner called, and approved.

F. M. McChesney, M.D. 6:15 PM
Mar. 16/52.

Item 9 FilmG140 3/18/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md.
LENGTH OF STAY (in this place) 12 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 107 Carroll St. S.E. D.C.

3. NAME OF DECEASED: (Type or Print) (First) Chosel (Middle) none (Last) Fanaroff
4. DATE OF DEATH: (Month) 3 (Day) 9 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH: 12-??-69
9. AGE last birthday: 8+82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Max Tudor
14. MOTHER'S MAIDEN NAME: Sarah (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure Edema.	2 years
2(X Antecedent cause(s)	DUE TO (b) Arteriosclerotic CV disease	?
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c) Diabetes, Mellitus	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hepatitis Ventral Hernia ?

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3-12, 1951, to 3-9, 1952, that I last saw the deceased alive on 3-9, 1952, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE Paul Ezrah M.D. (DEGREE OR TITLE) ADDRESS 4847-ILL AVE Wash DC DATE SIGNED 3-9-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar 10 1952
NAME OF CEMETERY OR CREMATORY EVERSOVET GRAD CEM
LOCATION (City, town, or county) WASHN (State) DC

DATE REC'D BY LOCAL REG. Mar. 9-1952
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR B Danzansky & Son, ADDRESS 3501-14th ST NW WASH D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
MAR 11 1952
BUREAU V. S.

MARGIN RE[illegible]VE[illegible] FOR BIN[illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington,
STREET ADDRESS (If rural, give location) 1505 Delfield Place

3. NAME OF DECEASED (Type or Print) (First) LOUISE (Middle) C. (Last) FARREN
4. DATE OF DEATH (Month) 3 (Day) 18 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 11/2/1861
9. AGE last birthday 90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Enthoffer
14. MOTHER'S MAIDEN NAME Elizabeth Cave

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS 202 E. Thornapple St. Mr. Edward E. Farren, Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE MYOCARDITIS

431 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CHRONIC MYOCARDITIS

(c) CEREBRAL HEMORRHAGE

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 4, 1952, to MARCH 18 1952 that I last saw the deceased alive on MARCH 18, 1952, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 1603 19th ST. N.W. Washington, D.C. DATE SIGNED 3-18-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/21/52
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 3/21/52
REGISTRAR'S SIGNATURE Frances Fetter
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
MAR 24 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8300 Eastern Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8300 Eastern Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret	Esther	Frank	March	5	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	12/22/1902	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Max C. Smith	Mabel Hartman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No			Mr. P. Vernon Frank, 8300 Eastern Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of cervix - involving right ureter, bladder & rectum	18 mos.
170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Embolism	1 week
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan 1952 Mar 1952	Recurrent Carcinoma Recurrent Carcinoma	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 27, 1951, to Mar 5, 1952, that I last saw the deceased alive on Feb 29, 1952, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo. E. Lidz	M.D.	8835 Eastern Ave Silver Spring, Md	Mar 5, 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/8/52	Parkwood	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/6/52	A.W. Hadrel	L.J. Luck	5305 Harford Rd

Items 89: Film G140 3-12-52L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville -
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mrs.Jolliffes Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md.
STREET ADDRESS (If rural, give location) 1301-Seminary Rd.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) MORRIS (Last) FREENY
4. DATE OF DEATH (Month) March (Day) 9, (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 17, ~~1878~~ 6
9. AGE last birthday ~~73~~ 75 yrs. If under 1 year Months 8 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor -Clothing Buisness
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Salisbury, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Oscar M.Freeny
14. MOTHER'S MAIDEN NAME Margaret Freeny ------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs.W.F.Mahon-Dau.,1301-Seminary Rd.Sil.Spg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	4 hrs
610X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pyelonephritis c̄ Toxemia	14 days
	(c) Prostatic hypertrophy c̄ urinary retention	23 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 28, 1952, to March 9, 1952, that I last saw the deceased alive on Feb 15, 1952 and that death occurred at 9:40 p m., from the causes and on the date stated above.

SIGNATURE John S. Rogers M.D. (Degree or title) ADDRESS 1009 Seminary Rd. Silver Spring Md. DATE SIGNED 1 March 9 1952

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 3/12/52 NAME OF CEMETERY OR CREMATORY Rock Creek LOCATION (City, town, or county) Wash DC (State)

DATE REC'D BY LOCAL REG. 3/10/52 REGISTRAR'S SIGNATURE Francis Potter
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
MAR 12 1952
BUREAU W. &

Items 8, 9 Film G140 3/18/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place) 62 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9699 Conn. Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 9699 Connecticut Avenue

3. NAME OF DECEASED (Type or Print): (First) Regina (Middle) Agnes (Last) Goddard
4. DATE OF DEATH (Month) (Day) (Year): March 10, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: April 11, 1895
9. AGE last birthday: 56 (54) yrs.
If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jeremiah Connolly
14. MOTHER'S MAIDEN NAME: Bridget Walsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: 9699 Conn. Ave. William F. Goddard, Sr. - Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial failure	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized carcinomatosis	2 mos.
	(c) Carcinoma of the breast.	13 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-5-52
19b. MAJOR FINDINGS OF OPERATION: Metastatic carcinoma of liver
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1951, to March 10, 1952 that I last saw the deceased alive on March 10, 19 52 and that death occurred at 7:25 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dagmus J. Connolly, M.D. 1635 Irving St. N.W. March 10, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) XXXXXX
DATE THEREOF: 3-14-52
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 3/11/52
REGISTRAR'S SIGNATURE: Virginia Fitzpatrick
24. FUNERAL DIRECTOR ADDRESS: 317 Pa. Ave., SE Wash. 3, DC

MAR 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md.
LENGTH OF STAY (in this place) 4hrs. 42 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1204 16th St. N.E.

3. NAME OF DECEASED: (Type or Print) (First) Herman (Middle) (none) (Last) Gononsky

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1952

5. SEX: male
6. COLOR OR RACE: Hebrew-wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-29-10
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Food Produce mgr.
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Louis Gononsky
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Washington San. and Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	6 hrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertension (Essential)	10 yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Coronary Sclerosis with Myocardial Fibrosis

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Mar 3, 1952, to Mar 3, 1952, that I last saw the deceased alive on Mar 3, 1952, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE C.K. Anderson (DEGREE OR TITLE) MD. ADDRESS Washington Sanitarium & Hosp, Takoma Park Md. DATE SIGNED 3-4-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-5-52
NAME OF CEMETERY OR CREMATORY Herring Run
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/5/52
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR Jack Lewis Inc. Baltimore, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH — COUNTY: Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown. — LENGTH OF STAY (in this place): 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Ottilie (Middle) Luise (Last) Grabs
4. DATE OF DEATH: (Month) Mar, (Day) 26 (Year) 52 19
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 20/1894.
9. AGE last birthday: 57 yrs. — If under 1 year: Months 4 Days 2 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: House Work
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Julius Schneider
14. MOTHER'S MAIDEN NAME: Anna Bauchmann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Horst U. Grabs, Germantown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of uterus with — 6 mo.

174 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/1/51
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of uterus
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to Mar 26, 1952, that I last saw the deceased alive on 3-22, 1952, and that death occurred at 8:10 P.m., from the causes and on the date stated above.

SIGNATURE: Frank J. Broschart (Degree or title) M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 3-27-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3/29/52 — NAME OF CEMETERY OR CREMATORY: St Rose Cemetery — LOCATION (City, town, or county) (State): Clopper, Md.

DATE REC'D BY LOCAL REG.: Mar. 27, 1952 — REGISTRAR'S SIGNATURE: Alfreda G. Cooke

24. FUNERAL DIRECTOR: Ernest C. Gartner. — ADDRESS: Gaithersburg.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A II 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 13 das.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D. C. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): No. 1 Galley Green, S.W. ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Bonita	Lynn	HADDAN	March 5, 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Single	Feb. 22, 1952	✓ 00 yrs.	00	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	- - - - - - -	Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Bruce C. HADDAN	Helen IVOSEVIC

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY No.: (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
NO	- - - - - - - - - -	Father: Bruce C. HADDAN,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause 763.5	(a)	BRONCHOPNEUMONIA, BILATERAL	
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	PREMATURITY	
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Feb. 22, 1952, to Mar. 5, 1952, that I last saw the deceased alive on Mar. 5, 1952, and that death occurred at 11:40 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
C. W. Schneider	C. W. SCHNEIDER, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD.	Mar. 6, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Disposal	Mar. 6, 1952	USN Medical School	Bethesda, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 6, 1952	Edd Whittington	NONE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 56364

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RELEASED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Takoma Park

LENGTH OF STAY (in this place): 11 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN

STREET ADDRESS (If rural, give location) 507 Powhatan Place, N.W.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Harry	Buxton	Hawkins	3	9	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	wh. W	Married	1-26-1901	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Dispatcher of trucks		Frederick, Md.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Benjiman Hawkins	Mary Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		From Hosp. Chart	M. Meade 7409 Flower Ave. Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arteriosclerosis	?
	(c) DUE TO Hypertension	Years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from Feb 26, 1952, to March 9 1952, that I last saw the deceased alive on March 9, 1952, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE Robert Abare M.D. (DEGREE OR TITLE) ADDRESS Takoma Park Md. DATE SIGNED 3/9/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	3-12-52	Fort Lincoln	Bladensburg Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 9 1952	J. Milton Dodd	Deal Funeral Home	4812 Georgia Ave N.W. Washington D.C.

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BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (In this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookeville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Artemas (Middle) Riggs (Last) Howard

4. DATE OF DEATH (Month) March (Day) 7 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3/5/1879
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Brice Worthington Howard
14. MOTHER'S MAIDEN NAME Catherine Orndorff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Uremia	3 days
4 1x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Chronic myocarditis	2 yrs
	(c)	Influenza	1 wk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2, 1952, to 3/7, 1952, that I last saw the deceased alive on 3/7, 1952, and that death occurred at 12:10 p. m., from the causes and on the date stated above.

SIGNATURE A. D. Bonifant (Degree or title) M.D. ADDRESS Sandy Spring Md. DATE SIGNED 3/7/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 10 1952
NAME OF CEMETERY OR CREMATORY St. Johns Ohio Md
LOCATION (City, town, or county) Montgomery Co (State) Md

DATE REC'D BY LOCAL REG. 3-8-52
REGISTRAR'S SIGNATURE Gertrude B Fawler
24. FUNERAL DIRECTOR Roy W Barber Brookeville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
MAR 13 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson - Rural; MARYLAND; LENGTH OF STAY (in this place) 92; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montg.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson - Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Ernest (Last) Hoyle

4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Dec-11-1859

9. AGE last birthday: 92 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Monta. Co Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph H Hoyle

14. MOTHER'S MAIDEN NAME: Mary C. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Arthur Hoyle, Dickerson Rt 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive Heart Failure Secondary to — Interval Between Onset and Death: 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral Stenosis, Rheumatic in origin — 50 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cancer of skin of face — 6 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 3, 1949, to March 30, 1952, that I last saw the deceased alive on 30 March, 1952, and that death occurred at 3.45 P. m., from the causes and on the date stated above.

SIGNATURE: Gordon M Smith (Degree or title) M. D ADDRESS: Barnesville, Md. DATE SIGNED: 31 March 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: April 2-1952

NAME OF CEMETERY OR CREMATORY: St Mary's

LOCATION (City, town, or county) (State): Barnesville, Md

DATE REC'D BY LOCAL REG. 4-14-52

REGISTRAR'S SIGNATURE: Chas. Elgin

24. FUNERAL DIRECTOR: William B. Hilton ADDRESS: Barnesville, Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 14½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) Suburban Hospital

3. NAME OF DECEASED: (Type or Print) (First) Infant (Middle) (Last) Imes

4. DATE OF DEATH: (Month) (Day) (Year) March 8 1952

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: March 8, 1952
9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 14 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wesley Imes
14. MOTHER'S MAIDEN NAME: Roxanna Mae Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Roxanna Imes.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 1. Polycystic Kidneys 2. Prematurity 3. Atelectasis, all lobes
757.1
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Mar 1952 to 8 Mar 1952 that I last saw the deceased alive on 8 Mar 1952 and that death occurred at 6:15 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M. D. ADDRESS Suburban Hosp. Bethesda Md. DATE SIGNED 12 Mar 52

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 3/13/52 NAME OF CEMETERY OR CREMATORY Suburban Hospital LOCATION (City, town, or county) Bethesda (State) Maryland

DATE REC'D BY LOCAL REG. 3/13/52 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Amelia S. Manry. Supt. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

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RECEIVED
MAR 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 8 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4216 4th St SE

3. NAME OF DECEASED (Type or Print) (First) Grace (Middle) Anna (Last) Jones
4. DATE OF DEATH (Month) 3 (Day) 9 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 18, 1884
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Grand Island, Neb.
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME John P. Thompson
14. MOTHER'S MAIDEN NAME Elizabeth Tudor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Son - Richard R Jones 4216 4th St S.E. WASH. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebro-vascular Accident	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hypertensive Cardio-vascular Disease	yrs
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8, 1952, to 3/9, 1952, that I last saw the deceased alive on 3/8, 1952, and that death occurred at 4:00 a m., from the causes and on the date stated above.

SIGNATURE Charles H. Ligon (Degree or title) MD. ADDRESS Sandy Spring, Md. DATE SIGNED 3/9/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mch. 13, 1952
NAME OF CEMETERY OR CREMATORY Grand Island Cemetery
LOCATION (City, town, or county) (State) Grand Island, Nebraska

DATE REC'D BY LOCAL REG. 3/10/52
REGISTRAR'S SIGNATURE ~~Frances Potter~~ Gertrude Lowler
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

MANGED RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
MAR 12 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 7½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville ~~Md~~
STREET ADDRESS (If rural, give location): 6807 Colesville Rd.

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) — (Last) Kaplan

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1952

5. SEX: M

6. COLOR OR RACE: Jewish

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 4-11-1902

9. AGE last birthday: 49 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Compositor

10b. KIND OF BUSINESS OR INDUSTRY: US Gov. Printing Office

11. BIRTHPLACE (State or foreign country): Mich.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Nat Lewis Kaplan

14. MOTHER'S MAIDEN NAME: Rase Molodofsky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hosp Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial infarction	Immediate
420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Coronary insufficiency	2 months
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED: While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 27, 1952, to March 28, 1952, that I last saw the deceased alive on March 27, 1952, and that death occurred at 7 3/4 A.M., from the causes and on the date stated above.

SIGNATURE: Boris Roblair M.D. (DEGREE OR TITLE) ADDRESS: 1200 Lebanon St. Silver Spring Md. DATE SIGNED: March 28, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF: 3/30/52 — NAME OF CEMETERY OR CREMATORY: National Memorial Park — LOCATION (City, town, or county) (State): Falls Church, Va

DATE REC'D BY LOCAL REG.: March 28 1952 — REGISTRAR'S SIGNATURE: Nelson Dodd

24. FUNERAL DIRECTOR: J Wenzenshafer Son — ADDRESS: 3501 - 14th St. NW. Wash. D.C.

RECEIVED
MAR 31 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH COUNTY [illegible] MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (in this place) [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Xenocrates	(Middle) [illegible]	(Last) Katsaros	4. DATE OF DEATH	(Month) [illegible] (Day) [illegible] (Year) [illegible] 19
5. SEX [illegible]ale	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]	8. DATE OF BIRTH [illegible]	9. AGE last birthday [illegible] yrs.	If under 1 year Months / Days [illegible] / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY [illegible]	11. BIRTHPLACE (State or foreign country) [illegible]	12. CITIZEN OF WHAT COUNTRY? [illegible]		
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Zella [illegible] Katsaros			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Found dead in bed
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic cardio-vascular disease	3 yrs
	(c) Arterio-sclerosis	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to Mar 21, 1952, that I last saw the deceased alive on Mar 18, 1952, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brockhart	M.D.	Gaithersburg Md	3-22-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/23/52	Flowery Hill Cemetery.	[illegible]

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 23, 1952	Amida L. Cooke	Ernest C. Gartner.	[illegible]

RECEIVED
MAR 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2904 Newcastle Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Vermont; COUNTY Rennington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) B (Last) Kent

4. DATE OF DEATH: (Month) Mar (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Nov. 18, 1873

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dr. of Education (Retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Michigan City, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Evarts Kent

14. MOTHER'S MAIDEN NAME: Helen Beckwith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. James A. Guida, 2904 Newcastle Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — Interval between onset and death: 420.1 Heart

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Brochart M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 3-2 52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation & Trans. DATE THEREOF: 3/4/52 NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Crematory LOCATION (City, town, or county) (State): Prince George County, Md.

DATE RECD BY LOCAL REG. 3/4/52 REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warren L. Tenyhan ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

RECEIVED
MAR ■ 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PRINCE GEORGE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN COLESVILLE — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SUITLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS JOLLIEFFS NURSING HOME	STREET ADDRESS (If rural, give location) SUITLAND RD

3. NAME OF DECEASED (Type or Print) (First) ROSA (Middle) ELTON (Last) LADD	4. DATE OF DEATH (Month) MARCH (Day) 13, (Year) 1952
5. SEX FEMALE — 6. COLOR OR RACE WHITE — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH ? 1875 — 9. AGE last birthday 77 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE — 10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) WOODSTOCK VA. — 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME NEWTON BROMBAUGH	14. MOTHER'S MAIDEN NAME UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS HOSPITAL RECORDS.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ca of Oropharynx c̄ Metasis — Not known

150X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Myocardial disease — years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1952, to March 12, 1952, that I last saw the deceased alive on March 12, 1952 and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] Rogers, MD — ADDRESS 1009 Seminary Rd. Silver Spring, Md. — DATE SIGNED March 13, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 3-15-52 — NAME OF CEMETERY OR CREMATORY Washington Hill Cemetery CEDAR HILL — LOCATION (City, town, or county) (State) SUITLAND MD.

DATE REC'D BY LOCAL REG. 3/14/52 — REGISTRAR'S SIGNATURE Francis Potter — 24. FUNERAL DIRECTOR W. W. CHAMBERS — ADDRESS 517-4-50 S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase | LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS #3 Kenilworth Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 3 Kenilworth Dr.

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Ellen (Last) Lanning

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1952

5. SEX: Fe

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 19, 1875

9. AGE last birthday: 76 yrs. | If under 1 year: Months 10 | Days 11 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Georgetown. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Davidson

14. MOTHER'S MAIDEN NAME: Martha Reaves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Hospital + family

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Cardiac Failure — Interval Between Onset and Death: Terminal

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 7 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from — , 1942, to March 28, 1952, that I last saw the deceased alive on March 27, 1952, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert A Hare M.D. | ADDRESS Takoma Park. Md. | DATE SIGNED 3/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE THEREOF 3-31-52 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Prince George (State) Maryland

DATE REC'D BY LOCAL REG. 3/30/52 | REGISTRAR'S SIGNATURE Jessie [illegible] | 24. FUNERAL DIRECTOR Roberts A. Humphreys | ADDRESS Bethesda, Md.

VS-A15

RECEIVED
APR - 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH — COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Silver~~ COLESVILLE — LENGTH OF STAY (in this place): 16 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: JOLLIFFE'S NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING
STREET ADDRESS (If rural, give location): 2524 FORREST GLEN RD.

3. NAME OF DECEASED (Type or Print) (First) LEON (Middle) A. (Last) LE BUFFE
4. DATE OF DEATH (Month) March (Day) 26 (Year) 1952
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: AUG 29/87
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: U. S. GOV'T.
11. BIRTHPLACE (State or foreign country): SOUTH CARLONIA
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: ADOLPH LE BUFFE
14. MOTHER'S MAIDEN NAME: MARIE GUILMEIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: JOLLIFFE'S NURSING HOME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial pneumonia — 3 days

434.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive heart failure — 2 wks

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious anemia — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-24, 1952, to 3-26, 1952, that I last saw the deceased alive on 3-24, 1952, and that death occurred at 1 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John S. Rogers M.D. — ADDRESS: 1009 Seminary Rd. Silver Spring Md. — DATE SIGNED: 3-26-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3/29/52 — NAME OF CEMETERY OR CREMATORY: St. John's Cemetery — LOCATION (City, town, or county) (State): Forest Glen, Md.

DATE REC'D BY LOCAL REG.: 3/26/52 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Francis J. Collins — ADDRESS: 3821-14th St. N.W. Wash. D.C.

RECEIVED
MAR 28 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (In this place) 1 Mo. 3 1/2 Wks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; STREET ADDRESS (If rural, give location) 11 Fawcett Ave -

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Margaret	Darby	Lewis-	Mar.	15	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Nov. 15 1870	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife -	Farm	Dawsonville - Md -	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lawrence A. Darby	Sarah Chiswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Valeria W. Darby, Rt 2. Germantown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebro vascular Accident	5 days
4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/27, 1952, to 3/15, 1952, that I last saw the deceased alive on 3/13, 1952, and that death occurred at 2:05 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) MD ADDRESS Laytonsville Md DATE SIGNED 3/15/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-18-52	Monarchy Cem	Mont Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-15-52	Gertrude B Fawley	Robert A. Pumphrey	Bethesda, Md.

VS-A15

RECEIVED
MAR 19 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney — LENGTH OF STAY (in this place): 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown
STREET ADDRESS (If rural, give location): R#1

3. NAME OF DECEASED (Type or Print) (First) Lewis (Middle) Edgar (Last) Lowe
4. DATE OF DEATH (Month) March (Day) 30 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated
8. DATE OF BIRTH: 6. 5. 1905
9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter — General work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Samuel Lowe
14. MOTHER'S MAIDEN NAME: Annie Bolton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis — 6 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Squamous Cell Carcinoma of neck — yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14, 1952, to 3/30, 1952, that I last saw the deceased alive on 3/29, 1952, and that death occurred at 3:15 a. m., from the causes and on the date stated above.

SIGNATURE: C H Sigon MD — (Degree or title) — ADDRESS: Sandy Spring Md — DATE SIGNED: 3/31/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 2-1952 — NAME OF CEMETERY OR CREMATORY: Forest Oak — LOCATION (City, town, or county): Gaithersburg — (State): Md

DATE REC'D BY LOCAL REG.: 3-31-52 — REGISTRAR'S SIGNATURE: Gertrude B Fawler — 24. FUNERAL DIRECTOR: Olin L. Molesworth — ADDRESS: Damascus, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
APR 3 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03158

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 2 1/2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2100 Dexter Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY Raleigh
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckley
STREET ADDRESS (If rural, give location) 100 - 4th St

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Marine (Last) Malon
4. DATE OF DEATH (Month) Mar (Day) 27 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 5 1903
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME James A. Brubeck
14. MOTHER'S MAIDEN NAME Lucy Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. Yes
17. INFORMANT AND ADDRESS Mrs Sally Bias - 2100 Dexter Ave, Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
170X	Immediate cause	(a) Congestive Heart failure	3 hours
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinomatosis	10 months
		(c) Scirrhous Carcinoma of breast	over 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Feb 18, 1952
19b. MAJOR FINDINGS OF OPERATION Carcinomatosis - pulmonary
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1952, to Mar 26, 1952, that I last saw the deceased alive on Mar 26, 1952, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Lawrence [illegible], M.D. 10110 Georgia Ave, Silver Spring, Md. 3/27/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial & Removal
DATE THEREOF 3/28/52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Beckley, W. Va.

DATE REC'D BY LOCAL REG. 3/27/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901 - 14th Washington D.C.

RECEIVED
MAR 28 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0315

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Lincoln Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural, give location) Lincoln Park

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) R. (Last) Mason

4. DATE OF DEATH: (Month) Mar (Day) 11 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Dec. 28, 1951

9. AGE last birthday: yrs. 2; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Prince Geo. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Mason

14. MOTHER'S MAIDEN NAME: Irony Noland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mary Mason (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: Found dead in bed

491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no attending physician

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection _, Inquiry _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident _, suicide _, homicide _, undetermined _.*

SIGNATURE (Degree or title) Frank J. Brockhart M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-11-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 3/13/52; NAME OF CEMETERY OR CREMATORY Lincoln Park; LOCATION (City, town, or county) Rockville, Md (State)

DATE REC'D BY LOCAL REG. 3-13-52; REGISTRAR'S SIGNATURE Helen L. Edwards; 24. FUNERAL DIRECTOR Robert L. Snowden, Rockville, Md ADDRESS

10V25117234

RECEIVED
MAR 14 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C. 16
STREET ADDRESS (If rural, give location) 5001 Ventnor Rd. Greenacres

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) Claire (Last) McManemin
4. DATE OF DEATH: (Month) Mar. (Day) 11 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct-27-1877
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months 4 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philadelphia Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Son - Mr Joseph C. McManemin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Carcinoma Rectosigmoid	4 mos
154X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Generalized Arteriosclerosis	Several yrs.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10-, 1952, to 3-11, 1952, that I last saw the deceased alive on 3-11, 1952, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE W. Joyce (DEGREE OR TITLE) MD ADDRESS Bethesda, Md DATE SIGNED 3-11-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial-transit
DATE THEREOF 3-12-1952
NAME OF CEMETERY OR CREMATORY Holy Cross
LOCATION (City, town, or county) (State) Philadelphia, Penna.

DATE REC'D BY LOCAL REG. 3/13/52
REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR Roberts A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

13161

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Bethesda

LENGTH OF STAY (in this place) 13 hrs. 4 min.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Prince Georges

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly

STREET ADDRESS (If rural, give location) 5440 MacBeth St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Patrick	Byron	McNamara	3 -	1 -	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	3-1-52				13	4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Infant		Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Maurice J. McNamara Jr.	Barbara Kellum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
--	---p	Maurice J. McNamara, Jr 5440 MacBeth St., Cheverly, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Complete Transposition of Great Vessels	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) without Interventricular Septal Defect	
	DUE TO (c) (Infantile Type of Transposition)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1 19 52 to Mar. 1 19 52, that I last saw the deceased alive on Mar. 1, 1952 and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Philip H. Varner, M.D.		Chevy Chase, Md.	Mar. 1, '52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-3-52	St. Johns Catholic	Forest Glen, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/3/52	Bessie M. Thompson	Warner E. Pumphrey	8434 Ga. Ave. Silver Spring, Md

RECEIVED
MAR 5 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 13 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 10225 Montgomery ave.

3. NAME OF DECEASED: (Type or Print) (First) Welles (Middle) none. (Last) Meriam
4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	July 17 - 1879	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Patent Examiner & General Motors
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salem Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Horatio Cooke Meriam
14. MOTHER'S MAIDEN NAME: Edith Worcester.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: 364-07-7281
17. INFORMANT & ADDRESS: (Wife) Mrs Anne Meriam.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Intestinal Obstruction - colon	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Resection - rectosigmoid	
	DUE TO (c) Malignant Polyp - Rectosigmoid	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. old infarct, left apex heart

19a. DATE OF OPERATION: 13 March '52
19b. MAJOR FINDINGS OF OPERATION: Large Polyp, Rectosigmoid
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Mar, 1952, to 24 Mar, 1952, that I last saw the deceased alive on 24 Mar, 1952, and that death occurred at 1208 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M.D. ADDRESS Suburban Hosp, Bethesda, Md. DATE SIGNED 24 Mar 52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/27/52	Rockville Union Cemetery	Montgomery County, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/26/52	Bessie M. Thompson	Warner E. Rumpf	8434 Georgia Ave. Silver Spring, Maryland

VS. A15 8-51

RECEIVED
MAR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0516

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 1½ Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4512 N. Chelsea Lane

3. NAME OF DECEASED (Type or Print) (First) Edith (Middle) Katherine Fellows (Last) Meushaw
4. DATE OF DEATH (Month) March (Day) 7 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 23/25
9. AGE last birthday 26 yrs. If under 1 year Months 4 Days 14 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary
10b. KIND OF BUSINESS OR INDUSTRY Bank
11. BIRTHPLACE (State or foreign country) Colebrook, N.H.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Herbert Fellows
14. MOTHER'S MAIDEN NAME Lucy Owens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 003-14-8497
17. INFORMANT AND ADDRESS Ralph Meushaw 4512 N. Chelsea La. Bethesda, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF BREAST - Metastatic

110X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 9 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN, 1952, to MAR 7, 1952, that I last saw the deceased alive on MAR 7, 1952, and that death occurred at 11:08 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 7325 Aberdeen Rd., Bethesda 14, Md. DATE SIGNED 3/8/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/11/52
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington, (State) Va.
DATE REC'D BY LOCAL REG. 3/10/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR [signature] ADDRESS Bethesda, Md.

VS. A16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (in this place) 13hrs. 35 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 11 West Melrose St.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) — (Last) Morgan

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-29-1874

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis H. Morgan

14. MOTHER'S MAIDEN NAME: Martha LeBosquet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Mary Morgan Norwood-same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage, massive, (Right hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Arteriosclerosis, generalized

DUE TO (c)

331X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 March, 1952, to 31 March, 1952, that I last saw the deceased alive on 31 March, 1952, and that death occurred at 10:35 p.m., from the causes and on the date stated above.

SIGNATURE Stewart Clapp M.D. (DEGREE OR TITLE) ADDRESS 3921 Ingomar St. N.W. DATE SIGNED 4-1-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 4-3-1952

NAME OF CEMETERY OR CREMATORY Rock Creek

LOCATION (City, town, or county) Washington (State) D. C.

DATE REC'D BY LOCAL REG. 4/1/52

REGISTRAR'S SIGNATURE Burris M. Thompson

24. FUNERAL DIRECTOR Robert A. Humphreys ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 9 1952
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney MD — LENGTH OF STAY (in this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney Maryland
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): CAROLINE (First) E (Middle) Murphy (Last)
4. DATE OF DEATH: March (Month) 13 (Day) 1952 (Year)
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan 21 1854
9. AGE last birthday: 97 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Own Home
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William J Riggs
14. MOTHER'S MAIDEN NAME: Caroline Woodward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Albert M Murphy Olney Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
5 x	Immediate cause	(a) Obstructive Hepatitis	3 wk
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Cholecystitis	4 wk.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Auricular Fibrillation — yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/19, 1952, to 3/13, 1952, that I last saw the deceased alive on 3/12, 1952, and that death occurred at 5:10 a.m., from the causes and on the date stated above.

SIGNATURE: C. Hogan — (Degree or title): MD — ADDRESS: Sandy Spring Md — DATE SIGNED: 3/13/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Mar 15 52 — NAME OF CEMETERY OR CREMATORY: St Marys Rockville — LOCATION (City, town, or county) (State): Md

DATE REC'D BY LOCAL REG.: 3-14-52 — REGISTRAR'S SIGNATURE: Gertrude B Lawler — 24. FUNERAL DIRECTOR: Roy W Barnes — ADDRESS: Laytonsville Md

RECEIVED
MAR 19 1952
BUREAU V. S.

Item 9 Film 140 4/14/52 Shw

03166

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg Co Gen Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) Conn. Ave. & Dresden St.

3. NAME OF DECEASED (Type or Print) (First) Francis (Middle) Regis (Last) Noel

4. DATE OF DEATH (Month) March (Day) 29 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4. 12. 91
9. AGE last birthday 60 yrs. If under 1 year Months 0 Days 17 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney
10b. KIND OF BUSINESS OR INDUSTRY Self Emp.
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Noel
14. MOTHER'S MAIDEN NAME Laura Glass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Perforated gastric ulcer, with peritonitis.	4 days.
540.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)	Cirrhosis of liver. Cholecystitis + cholelithiasis	Several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to March 29, 1952 that I last saw the deceased alive on March 29, 1952 and that death occurred at 1:56 p. m., from the causes and on the date stated above.

SIGNATURE Wm A. Linthicum (Degree or title) M.D. ADDRESS Rockville, Md. DATE SIGNED 3/29/52.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-1-52
NAME OF CEMETERY OR CREMATORY Rockville Union
LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REG. 3-31-52
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert N. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 115

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (in this place) 1 day has.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 310 N. Washington Street

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Marion (Last) Nugent — OLNEY MD.

4. DATE OF DEATH (Month) March (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/24/52

9. AGE last birthday: yrs. — If under 1 year: Months — Days 1 — If under 24 hrs.: Hours 19 — Min. 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: x x

14. MOTHER'S MAIDEN NAME: Emily Nugent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis. — Interval between onset and death: 2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity — 1 day

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21, 1952, to 3/25, 1952, that I last saw the deceased alive on 3/25, 1952, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Marion MD — ADDRESS Sandy Spring MD — DATE SIGNED 3/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG. 3-27-52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS

RECEIVED
MAR 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY MONTG MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (in this place) 29 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7902 FLOWER AVE.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY MONTG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
STREET ADDRESS (If rural, give location) 7902 Flower Ave.,

3. NAME OF DECEASED: (Type or Print) (First) DR. MAHLON (Middle) ELLSWORTH (Last) OLSEN

4. DATE OF DEATH: (Month) MAR. (Day) 17, (Year) 1952.

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: MAR. 28, 1873.
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEACHER-LANGUAGES
10b. KIND OF BUSINESS OR INDUSTRY: SEVENTH-DAY ADVENTIST
11. BIRTHPLACE (State or foreign country): FT. ATKINSON, WISC.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: O. A. OLSEN
14. MOTHER'S MAIDEN NAME: UNKNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: MRS. LYDIA D. OLSEN, 7902 FLOWER AVE., TAKOMA PARK, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Chronic Pericarditis	unknown
450.0	DUE TO Subacute Pericarditis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic Anemia - type + cause undetermined	unknown
	DUE TO	
	(c) Arteriosclerosis generalized	unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to Mar 17, 1952, that I last saw the deceased alive on Mar 16, 1952, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE A E Coyne MD (DEGREE OR TITLE) ADDRESS Takoma Park Md DATE SIGNED 4-17-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar 20, 1952
NAME OF CEMETERY OR CREMATORY George Washington Cem.
LOCATION (City, town, or county) Riggs Rd., Va Geo Co., Md (State)
DATE REC'D BY LOCAL REG. March 18-1952
REGISTRAR'S SIGNATURE J. Hahn
24. FUNERAL DIRECTOR Dodd Arthur S. Walters, 254 Carroll St., N.W. Takoma Park, D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 19 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 5600 North 23rd Street

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) Louise (Last) OWEN

4. DATE OF DEATH: (Month) March (Day) 30, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: May 29, 1869
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months 10 Days 01 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - -
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James CROZER
14. MOTHER'S MAIDEN NAME: Lucy ANDREWS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO.: - - - - - - -
17. INFORMANT & ADDRESS: Son: Charles E. OWEN,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 wk
491X DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, General — 20 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 27 1952, to Mar. 30, 1952, that I last saw the deceased alive on Mar. 30, 1952, and that death occurred at 2:34 A.m., from the causes and on the date stated above.

SIGNATURE S. W. Eyer (DEGREE OR TITLE) ADDRESS DATE SIGNED
S. W. Eyer, CDR, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. March 30, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF March 30, 1952
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Youngstown, Ohio
DATE REC'D BY LOCAL REG. Mar. 30, 1952
REGISTRAR'S SIGNATURE Edith Whellington

24. FUNERAL DIRECTOR ADDRESS
Jos. Gawler's Sons Funeral Home, 1756 Pennsylvania Avenue, NW, Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

RECEIVED
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BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 Spring St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 204 Spring St.

3. NAME OF DECEASED (Type or Print): (First) LOTTA (Middle) M. (Last) PAHREN

4. DATE OF DEATH (Month) (Day) (Year): March 31, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): arried

8. DATE OF BIRTH: 26 Aug. 1871

9. AGE last birthday: 80 yrs. If under 1 year: Months 7 Days 5; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wm F. Pahren 204 Spring St. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-Respiratory Failure	½ hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis	3 days
	(c) Hypertention	30 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from did not attend deceased, that I last saw the deceased alive on ....., 19....., and that death occurred at 2:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank J. Borchart M.D. ADDRESS Gaithersburg Md. DATE SIGNED 4-1-52

Refused Exam.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	4-2-52	Cedar Hill	Prince George Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/2/52		Robert A. Humphrey	Bethesda, Md.

The deceased family physician is away on vacation. Cause of death obtained by history.

F. J. Bronchard M.D.
Dep Med. Exam.

RECEIVED
APR 4 1952
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda. — LENGTH OF STAY (In this place) 3a days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4527 Maple Ave.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) William. (Last) Parnaby

4. DATE OF DEATH: (Month) Mar. (Day) 20 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 12-1889

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months 11 Days 8 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired.

10b. KIND OF BUSINESS OR INDUSTRY: Claims examiner Veterans adm.

11. BIRTHPLACE (State or foreign country): Harlepool England

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Parnaby

14. MOTHER'S MAIDEN NAME: Margaret Graham.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none.

17. INFORMANT & ADDRESS: (Wife) Mrs Elizabeth Parnaby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Gastro-intestinal bleeding. — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Gastric ulcer. — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 17 1952

19b. MAJOR FINDINGS OF OPERATION: Gastric ulcer.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. ..., 19 52, to March 19, 1952, that I last saw the deceased alive on March 19, 1952, and that death occurred at 8 30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Denise Thompson M.D. 6900 Wisconsin Ave, Chevy Chase MD 3/20/52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF 3-22-52 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. 3/21/52 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR Robert W. Pumphrey. — ADDRESS Bethesda, Md.

VS-A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 24 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 3 mo. 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Doctors Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 3402 Ft. Dr. S.E.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Powell (Last) [illegible]
4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widowed	June 4, 1885	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant Supervisor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henry Powell
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mr. Henry P. Powell [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-vascular accident (Hemorrhage) — Interval between onset and death: 18 hrs

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cataleptic psychosis — 1 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15, 1952, to 3/28, 1952, that I last saw the deceased alive on 3/28, 1952 and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS: Sandy Spring Md DATE SIGNED: 3/28/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 1st	Cedar Hill	Prince Georges	Md

DATE REC'D BY LOCAL REG. 3-28-52 — REGISTRAR'S SIGNATURE: Gertrude B Lawler — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible]

RECEIVED
3
1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3173

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 15 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural, give location) 746 Thayer Avenue

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) — (Last) Parsley.
4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: March 9, 1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce dealer
10b. KIND OF BUSINESS OR INDUSTRY: market
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard H. Parsley
14. MOTHER'S MAIDEN NAME: Sarah Schafer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 579-28-36308
17. INFORMANT & ADDRESS: 306 Highview Ave. Lawrence Parsley - Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Uremia, due to Prostatic hypertrophy	3+ wks
263 Antecedent cause(s)	DUE TO (b) + Pyelonephritis	5+ days
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c) Diabetes Mellitus —	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 13, 1952, to Mar. 18, 1952, that I last saw the deceased alive on Mar. 18, 1952, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

SIGNATURE M. J. McNeill M.D. (DEGREE OR TITLE) ADDRESS Silver Spring, Md. DATE SIGNED 3/18/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF MAR. 21, 1952
NAME OF CEMETERY OR CREMATORY Potomac Cemetery
LOCATION (City, town, or county) (State) Potomac Md.

DATE REC'D BY LOCAL REG. 3/19/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Francis J. Collins
ADDRESS 821 14th St. N.W. Washington D.C.

#352

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115 8-51

RECEIVED
MAR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penn. COUNTY Armstrong
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Appollo, Rural
STREET ADDRESS (If rural, give location) RFD # 3

3. NAME OF DECEASED: (Type or Print) (First) Kenneth (Middle) Ira (Last) PHILLIPPI

4. DATE OF DEATH: (Month) (Day) (Year) March 13, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Sept. 7, 1951
9. AGE last birthday: 00 yrs. IF UNDER 1 YEAR Months 06 Days 06 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - - -
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Kenneth W. PHILLIPPI
14. MOTHER'S MAIDEN NAME: Ellen KEPPLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY No.: - - - - - - - -
17. INFORMANT & ADDRESS: Mother: Ellen Kepple PHILLIPPI, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CARDIAC FAILURE
DUE TO
752X
Antecedent cause(s) (b) CONGENITAL HYDROCEPHALUS
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14, 1952, to Mar. 13, 1952, that I last saw the deceased alive on Mar. 13, 1952, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

SIGNATURE C. L. Waite (DEGREE OR TITLE) ADDRESS DATE SIGNED
C. L. WAITE, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. March 14, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF Mar. 14, 1952
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Appollo, Pennsylvania

DATE REC'D BY LOCAL REG. March 14, 1952
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland

9V9199V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
MAR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-1 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda

LENGTH OF STAY (in this place): 39 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.

STREET ADDRESS (If rural, give location): 5402 Connecticut Ave. N.W.

3. NAME OF DECEASED: (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Marjorie	V	Porter	3	30	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	white	married	9-8-1876	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Ohio	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Harvey D Post	Florence Hawley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	—	C. Arthur Porter. 5402 Connecticut Ave. N.W. Wash. DC.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolism, Acute Origin undetermined	7 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Right Hemiplegia	1 1/3 months
260	(c) DUE TO Diabetes Mellitis Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 1 March, 1952, to 30 March, 1952, that I last saw the deceased alive on 30 March, 1952, and that death occurred at 5:50 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Stewart Leahy	M.D.	3921 Ingomar St. N.W. Wash DC	3-30-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/2/1952	Cedar Hill Cem.	Suitland, Prince Geo. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/31/52	Bessie M. Thompson	The S. H. Wright Co.	2901-14th St. N.W. Washington D.C.

RECEIVED
APR 2, 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) R.F.D. #4

3. NAME OF DECEASED (Type or Print) (First) Ruppert (Middle) Cline (Last) Quick
4. DATE OF DEATH (Month) Mar (Day) 3 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 2 1900
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm Quick
14. MOTHER'S MAIDEN NAME Emma Rubert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Olive Quick (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-3-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 6, 1952
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 3/4/52
REGISTRAR'S SIGNATURE Helen Eckenfelder
24. FUNERAL DIRECTOR W. C. Chambers Co. Washington D.C. ADDRESS

per Donald Brooks (Rev. 1948)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8-A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 9 West Irving St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Clift	Rodgers	Richards	March	7	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	Oct-29-1866	85 yrs.	4	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Ret. Lawyer	Dept. Interior	Quincy Mass	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Lysander Richards	Fanny Bartlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No.	none	Mrs Miriam Hoffman-Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction, posterion	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (420.1)	DUE TO (b) Coronary sclerosis	
	DUE TO (c) Myocardial Infarction in 1950	

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from March 1, 1952, to March 7, 1952, that I last saw the deceased alive on March 6, 1952, and that death occurred at 2 20 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Stewart Clapp	M.D.	3921 Ingomar St Wash D.C.	3-7-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	March 10, 1952	Cedar Hill	Suitland Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/10/52	Bessie M. Thompson	Roberts A. Pumphrey	Bethesda, Md.

RECEIVED
MAR 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Route 3

3. NAME OF DECEASED (Type or Print) (First) Lulu (Middle) (Last) Ricketts
4. DATE OF DEATH (Month) 3 (Day) 10 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 11. 30. '95
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher
10b. KIND OF BUSINESS OR INDUSTRY Public School
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George White
14. MOTHER'S MAIDEN NAME Mary Howes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphoblastoma - cervical and mediastinal nodes.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 6-9 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary artery disease

19a. DATE OF OPERATION Dec. 1951
19b. MAJOR FINDINGS OF OPERATION Inoperable malignancy of lymph nodes.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1951, to March, 1952, that I last saw the deceased alive on March 10, 1952, and that death occurred at 1:25 A.m., from the causes and on the date stated above.

SIGNATURE Richard A. Yates M.D. (Degree or title) ADDRESS Olney, Md. DATE SIGNED 3/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/12/52
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) Unity (State) Maryland
DATE REC'D BY LOCAL REG. 3-12-52
REGISTRAR'S SIGNATURE Gertrude Crowley
24. FUNERAL DIRECTOR Roy W. Barber Francis W. Barber
ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norbeck
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norbeck
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Perry (Middle) (Last) Ricks
4. DATE OF DEATH (Month) March (Day) 18 (Year) 1952
5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug. 25, 1[illegible]
9. AGE last birthday 81 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm hand
11. BIRTHPLACE (State or foreign country) Norbeck, Md
12. CITIZEN OF WHAT COUNTRY U.S.A
13. FATHER'S NAME Monroe Ricks
14. MOTHER'S MAIDEN NAME Amanda Dorsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Octavia Ricks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	March 18
492X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Myocarditis	Mar. 16
	(c) Virus Pneumonia	Mar. 13

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Peptic Ulcer

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 13, 1952, to March 18, 1952, that I last saw the deceased alive on March 17, 1952, and that death occurred at 11:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Webster Sewell M.D. ADDRESS Norbeck DATE SIGNED 3.20.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/21/52
NAME OF CEMETERY OR CREMATORY Norbeck
LOCATION (City, town, or county) Norbeck, Md (State)
DATE REC'D BY LOCAL REG. 3-21-52
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 34½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2701 14th St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Pearl (Middle) Agnes (Last) Rohrback
4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1952
5. SEX: Fe
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 9-8-87
9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Daniel F. Coble
14. MOTHER'S MAIDEN NAME: Susan Kipe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Ellis Rohrback (Husband) same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Severe Cachexia and inanition	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Psychosis with Barbiturate Addiction	one year
	(c) Post Influenzal exhaustion with depression	3 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Osteoarthritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) neither
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 26, 1952, to Mar. 1, 1952, that I last saw the deceased alive on Mar. 1, 1952, and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jessie E. Andrew, M.D. 7600 Carroll Ave. Takoma Park, Md. 3/1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: March 4 1952
NAME OF CEMETERY OR CREMATORY: Presbyterian Cemetery
LOCATION (City, town, or county) (State): Hyattsville Md

DATE REC'D BY LOCAL REG.: Mar 2 1952
REGISTRAR'S SIGNATURE: J. Tilton Dodd
24. FUNERAL DIRECTOR: S. H. Hines Co. ADDRESS: 2901 14th St N.W. Washington D.C.

RECEIVED
MAR 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07182

CERTIFICATE OF DEATH

Reg. Dist. No. 15

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural

LENGTH OF STAY (in this place) 2 das.

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY St. Mary's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River

STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Steward (Last) ROSS

4. DATE OF DEATH: (Month) (Day) (Year) March 7, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 5, 1952

9. AGE last birthday: 00 yrs. IF UNDER 1 YEAR: Months 00 Days 02 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Allan ROSS

14. MOTHER'S MAIDEN NAME: Alice DEAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - - -

16. SOCIAL SECURITY NO.: - - - - - - -

17. INFORMANT & ADDRESS: Father: Robert A. ROSS, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Intracranial Hemorrhage

DUE TO

7600 Antecedent cause(s) (b) ? Birth Complication

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 7, 1952, to Mar. 7, 1952, that I last saw the deceased alive on Mar. 7, 1952, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE P. Kaufman (DEGREE OR TITLE) ADDRESS DATE SIGNED

P. KAUFMAN, LT. MC, USNR U.S. NAVAL HOSPITAL, BETHESDA, MD. March 9, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Mar. 13, 1952

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. Mar. 9, 1952

REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

US A15 8-51

RECEIVED
MAR. 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 71 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9416 - Colesville Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9416 Colesville Rd

3. NAME OF DECEASED (Type or Print): (First) Jane (Middle) Allen (Last) Rothwell

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Apr 21 1882

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas ~~XXXXXXXXXX~~ McPherson

14. MOTHER'S MAIDEN NAME: Catherine Olivia Lambert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Catherene R. Wright

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac dilatation	2 hours
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart disease	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1952, to Mar. 14, 1952, that I last saw the deceased alive on Mar. 14, 1952, and that death occurred at 2:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Lawrence Avery M.D., agent for Jack Connor, M.D. 2026-16th St. N.W. Washington DC — Mar. 21, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/24/52
NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State): Prince Geo. County, Md.

DATE REC'D BY LOCAL REG. 3-24-52
REGISTRAR'S SIGNATURE: Frances Potter
24. FUNERAL DIRECTOR: Warner E. Pumphrey
ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

RECEIVED
MAR 26 19

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ; LENGTH OF STAY (in this place): 1½ years; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ; STREET ADDRESS (If rural, give location): 5387 Allen Road

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) MOSBY (Last) RUSSELL

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 25, 1883

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Gov't.

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Russell

14. MOTHER'S MAIDEN NAME: Lucy Mosby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Claire P. Russell, 5387 Allan Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 16 Hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 321

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/3/57, to 3/14/52, that I last saw the deceased alive on 3/14/52, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Horace H. Carter, M.D. ADDRESS: 1852 Col Rd NW DATE SIGNED: 3/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/18/1952

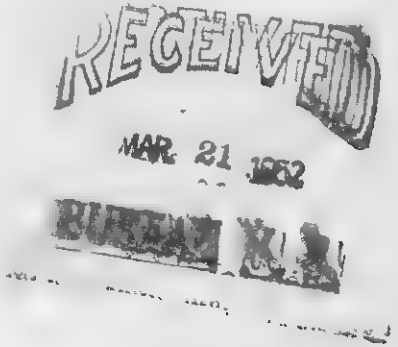
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG.: 3-17-52

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS: Joseph Gawler's Sons 1756 Pa. Ave. Washington, D.C.


RECEIVED
MAR 21 1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible] Underwood St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible] Underwood St.

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]
4. DATE OF DEATH (Month) (Day) (Year) MARCH 16 1952
5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH [illegible]
9. AGE last birthday [illegible] yrs. If under 1 year: Months [illegible] Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mechanisburg, [illegible]
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS [illegible] Underwood St. [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	48 hrs
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular-renal disease	7 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 8, 1952, to Mar 16, 1952, that I last saw the deceased alive on Mar 15, 1952, and that death occurred at 2:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 3-16-52
Sidney Clousiria - M.D. 3921 - Ingoman St N.W. Wash D.C.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) [illegible]
DATE THEREOF 3-18-52
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) [illegible]
DATE REC'D BY LOCAL REG. 3-17-52
REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR [illegible] Co. Washington D.C.
ADDRESS

RECEIVED
MAR 21
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5601 Glenwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5601 Glenwood Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) JOSEPH ANDREW SCHMITT

4. DATE OF DEATH (Month) (Day) (Year) March 20, 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 8-14-1872
9. AGE last birthday 79 yrs. If under 1 year Months 7 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Furniture
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Andrew Schmitt
14. MOTHER'S MAIDEN NAME Louisa Van Bergen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 578-01-2735A
17. INFORMANT AND ADDRESS Miss Helen A. Schmitt-same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive Heart Failure — 1 hour

4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — Progressive

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

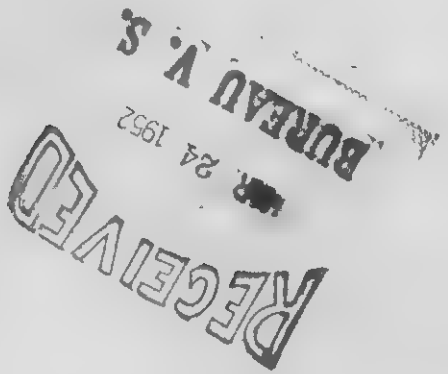
22. I hereby certify that I attended the deceased from 10/25, 1948, to 3/20, 1952, that I last saw the deceased alive on 3/19, 1952, and that death occurred at 5:10 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS 8016 - Wingate Road DATE SIGNED 3/21/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-24-1952
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) Washington (State) D. C.

DATE REC'D BY LOCAL REG. 3/21/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Roberts A. Pumphrey ADDRESS Bethesda, Md.

Coroner- Frank Broschart, Notified and approved.



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place) D.O.A.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural give location) 6830 Hillmead Road

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) E (Last) Schulze

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec. 27 1949

9. AGE last birthday: 2 yrs. If under 1 year: Months 2 Days 6; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard P. Schulze

14. MOTHER'S MAIDEN NAME: Mary Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Richard P. Schulze - 6830 Hillmead Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Fulminating Septicemia	
500X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under lying cause last	(b) Acute Laryngo Tracheo bronchitis	18 hrs
	(c) Beginning broncho-pneumonia (rt.)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Bouchard M.D. | Baltimore Md | 3-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: March 6, '52 | NAME OF CEMETERY OR CREMATORY: Rock Creek | LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 3/4/52 | REGISTRAR'S SIGNATURE: Bessie M. [illegible] | 24. FUNERAL DIRECTOR: Robert A. Humphrey | ADDRESS: Bethesda, Md.

RECEIVED
MAR 7 1952

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the ■uses of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 904 Bonifant Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 904 Bonifant Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GERVAIS	SCHLATER	SEMMES	March	12	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married	Aug. 29, 1883	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner of own business	Public Launderette	Cumberland, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Thompson Semmes	H. Clementine Schlater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	323-10-0706	Helen G. Semmes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Rupture of arteriosclerotic aneurysm of abdominal aorta	
451X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Stanley K. Dunlachie, Assistant Medical Examiner	700 Fleet St.-Balto., Md.	3-12-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	3/14/52	Ft. Lincoln Crematory	Prince Geo. County Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/13/52	Frances Potter	Warren E. Pumphrey	8434 Georgia Ave. Silver Spring, Maryland

RECEIVED
MAR 17 1952
BUREAU V. S.

Items 8,9: film G141 4-25-52L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cur-Lu Rest Home 708 Philadelphia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Unknown COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Shaw (Last)

4. DATE OF DEATH (Month) 3 (Day) 17 (Year) 52

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 9, 1855
9. AGE last birthday 96 37 yrs. If under 1 year Months 4 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (Teacher)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jas. A. Shaw
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Cur Lu Rest Home-708 Phila. Ave. Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Senility Hypertension	30 yrs?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Nephritis	30 yrs?
	(c) Chronic Myocarditis	30 yrs?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 3 - 17 - 52 3:30 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to 3/17/, 1952, that I last saw the deceased alive on 3/15/, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE Jacob Rosenthal (Degree or title) MD
ADDRESS 600 17th Street Washington D.C.
DATE SIGNED 3/17/52

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 3/19/52
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Prince George Co. Md.

DATE REC'D BY LOCAL REG. Mar 17-52
REGISTRAR'S SIGNATURE J. Anton Dodd
24. FUNERAL DIRECTOR The S.H.Hines Co.-2901 14th St. N.W. Washington, D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

RECEIVED
MAR 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 903 Dale Drive

3. NAME OF DECEASED (Type or Print): (First) James (Middle) B. (Last) Shutts

4. DATE OF DEATH: (Month) Mar. (Day) 9 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1/12/87

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Govt worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Jefferson N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Shutts

14. MOTHER'S MAIDEN NAME: Mary Fael

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Hosp. Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — Interval between onset and death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio-Vascular-Renal Disease

(c) Arteriosclerosis — Sev. years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1952 to Mar. 9, 1952 that I last saw the deceased alive on Mar. 8, 1952 and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED MAR 9 1952

Raymond Heiges M.D. — 6990 Piney Branch Rd. N.W., Wash. D.C.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/11/52 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery — LOCATION (City, town, or county) (State): Prince George County Md.

DATE REC'D BY LOCAL REG.: Mar. 10-1952 — REGISTRAR'S SIGNATURE: J. Homer Dodd

24. FUNERAL DIRECTOR — ADDRESS: Warner E. Gumphrey, 8434 Georgia Ave. Silver Spring, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 12 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct answer is specially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

M

I

T

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda

LENGTH OF STAY (in this place): 1 Day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Springs Md.

STREET ADDRESS (If rural, give location): 12607 Holdbridge Rd.

3. NAME OF DECEASED: (Type or Print) (First) Gussie (Middle) — (Last) Simon

4. DATE OF DEATH: (Month) Mar. (Day) 7 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White		July 7 1896	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Russia	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Harry Resnick	Shirley Goldstein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Daughter Mrs Sylvia Silver.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Lobar pneumonia, bilateral	3 days.
	(c) DUE TO	

490X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic pulmonary pathology, type undetermined. — 1 yr.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED: While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Nov. 27, 1951 to Mar. 7, 1952, that I last saw the deceased alive on Mar. 7, 1952, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Thomas A.H. Hindman, M.D. — ADDRESS Kensington, Md. — DATE SIGNED 3/7/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Mar. 9, 1952	Wellwood Cemetery	Pinelawn, Suffolk &	N.Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/10/52	Bessie M. Thompson	Robert A. Pumphrey	Bethesda, Md.

RECEIVED
MAR 12 1992
BUREAU V. S.

319

217

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Katharine (Last) Simons

4. DATE OF DEATH (Month) March (Day) 20 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Oct 29-1870
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Simpsonville
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William D Warfield
14. MOTHER'S MAIDEN NAME Martha Tyddan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Wm. C. Warfield - Highland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebral hemorrhage	4 days
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis — 6 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/17, 1946, to 3/20, 1952, that I last saw the deceased alive on 3/17, 1952, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE Charles S. Whitaker, M.D. (Degree or title) ADDRESS Clarksville, Maryland DATE SIGNED 3/22/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-22-52
NAME OF CEMETERY OR CREMATORY St Pauls
LOCATION (City, town, or county) Fulton (State) Md

DATE REC'D BY LOCAL REG. 3-21-52
REGISTRAR'S SIGNATURE John B. Loughran
24. FUNERAL DIRECTOR F.C. Higinbotham ADDRESS Elliott City Md

Per. B.E.L. Gertrude B Lawler

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 2 months.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 41 West Wood Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 41 West Wood Lane

3. NAME OF DECEASED (Type or Print) (First) Eleanor F. (Middle) Scates (Last) Smith
4. DATE OF DEATH (Month) March (Day) 29 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 18, 1884
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Richmond, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Herbert Scates
14. MOTHER'S MAIDEN NAME Louise Euker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Margaret Smith, Daughter, Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH 6 years

581.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1952, to March 29, 1952, that I last saw the deceased alive on March 29, 1952, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Welsh, ADDRESS Rockville, Md. DATE SIGNED 3/29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 1, 1952
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Baltimore 29, Md. (State)

DATE REC'D BY LOCAL REG. 4/1/52
REGISTRAR'S SIGNATURE [signature] Omer
24. FUNERAL DIRECTOR Harry H. Mitzfee ADDRESS Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 113

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5202 Glenwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5202 Glenwood Rd.

3. NAME OF DECEASED (Type or Print): (First) ANNE (Middle) CECELIA (Last) SMITHSON

4. DATE OF DEATH: (Month) March (Day) 25, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Oct. 12, 1894

9. AGE last birthday: 57 yrs. — If under 1 year: Months — Days 13 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ferdinand Schroel

14. MOTHER'S MAIDEN NAME: Anne Erquhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Geo. O. Smithson 5202 Glenwood Rd. Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis — Interval between onset and death: 3 mos +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Ampulla of Vater — 15 mos +

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 1952

19b. MAJOR FINDINGS OF OPERATION: Inoperable Ca. & massive hepatic spread

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2 19 52 to Mar 25 19 52 that I last saw the deceased alive on Mar 24 19 52 and that death occurred at 8.15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thos. F. Kelliher M.D. 1150 Connecticut Ave. N.W. Wash D.C. 4/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-28-1952 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 3/26/52 — REGISTRAR'S SIGNATURE: Lizzie M. Smithson

24. FUNERAL DIRECTOR: Robert A. Humphrey — ADDRESS: Bethesda, Md.

RECEIVED
MAR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH COUNTY: Montg — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg R F D. Quinchorchard — LENGTH OF STAY (in this place): 25 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Quinchorchard
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Elizabeth- (Middle) Thompson-Mills (Last) Snyder

4. DATE OF DEATH: (Month) Mar (Day) 5 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct 16/1859

9. AGE last birthday: 92 yrs. If under 1 year: Months 4 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Life & Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (State or foreign country): Montg, CO, Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Richard Mills

14. MOTHER'S MAIDEN NAME: Mary Saffel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Donnald Snyder, Gaithersburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure — 6 hrs.

592X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic cardio-Nephritis — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to Mar 5, 1952, that I last saw the deceased alive on 3/15, 1952, and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE: F. J. Broschart M.D. (Degree or title) — ADDRESS: Gaithersburg Md — DATE SIGNED: 3-6-52

23. BURIAL, CREMATION REMOVAL (Specify): Snyder — DATE: mar 8/52 — NAME OF CEMETERY OR CREMATORY: Forest Oak Cemetery — LOCATION (City, town, or county) (State): Gaithersburg, Md

DATE REC'D BY LOCAL REG.: Mar. 6, 1952 — REGISTRAR'S SIGNATURE: Alvarda G. Cooke

24. FUNERAL DIRECTOR: Ernest C. Gartner. — ADDRESS: Gaithersburg

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Airy — LENGTH OF STAY (in this place) 6 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Airy
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.	STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) Mary	(Middle) E	(Last) Spurrier	4. DATE OF DEATH (Month) Mar	(Day) 19	(Year) 1952
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 2-16-1873	9. AGE last birthday 79 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Thos. H. Murphy		14. MOTHER'S MAIDEN NAME Cerry Ellen Molesworth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY No. none	17. INFORMANT AND ADDRESS Mrs Mollie Molesworth - Mt Airy, R.F.D.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Found dead in bed
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart M.D.	Gaithersburg Md	3-19-52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]	DATE THEREOF -22-1952	NAME OF CEMETERY ~~OR CREMATORY~~ Pi. Grove	LOCATION (City, town, or county) (State) Carroll Co., Md.
DATE REC'D BY LOCAL REG. March 21/52	REGISTRAR'S SIGNATURE Della N. Burdette	24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; MARYLAND; LENGTH OF STAY (In this place) 1 yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 12300 Charles Rd Viers Mill Village

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN same; STREET ADDRESS (If rural, give location) 12300 Charles Road, Viers Mill Village

3. NAME OF DECEASED (Type or Print): (First) Russell (Middle) Johnston (Last) States

4. DATE OF DEATH: (Month) Mar (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 10/27/15

9. AGE last birthday: 36 yrs. If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Fisher Scientific Lab

11. BIRTHPLACE (State or foreign country): Altoona, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Calvin States

14. MOTHER'S MAIDEN NAME: Susan Bathurst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 257-40-0417

17. INFORMANT AND ADDRESS: 12,300 Charles Road, Mrs. Lutie C. States, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden death.
4. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE, (Degree or title) | ADDRESS | DATE SIGNED

Louis J. Brochart M.D. | Hagerstown Md | 3-7-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3/10/52 | NAME OF CEMETERY OR CREMATORY Geo. Washington Mem. Cemetery | LOCATION (City, town, or county) (State) Prince Geo. County, Md.

DATE RECD BY LOCAL REG. 3/10/52 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR Warner & Pumphrey | ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND Md.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 2412 Darrow St

3. NAME OF DECEASED (Type or Print): (First) SANFORD (Middle) B (Last) STEARNS

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 3, 1871

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Bureau of Eng.

11. BIRTHPLACE (State or foreign country): Jackson Co. Ohio

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Benamin F. Stearns

14. MOTHER'S MAIDEN NAME: Sarah Bunay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Camille Stearns 2412 Darrow St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial failure.	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary disease.	?
420.1	(c) Generalized arterio-sclerosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour):

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov ..., 19.5-, to March 17, 19.52, that I last saw the deceased alive on March 16, 19.52, and that death occurred at 9:30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walter X. Angevine, M.D. ADDRESS: 6300-13th St. N.W. Wash, D.C. DATE SIGNED: 3/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3-19-52

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: 3/17/52

REGISTRAR'S SIGNATURE: James Potter

24. FUNERAL DIRECTOR: Deal Funeral Home ADDRESS: 4812 Ga Ave NW Wash DC

RECEIVED
MAR 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Rock Run Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac; STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print): (First) Jesse; (Middle); (Last) Stotts

4. DATE OF DEATH: (Month) Mar; (Day) 17; (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Jan. 12, 1914

9. AGE last birthday: 38 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Golf Course

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Stotts

14. MOTHER'S MAIDEN NAME: Augusta Shields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.: 219-12-9280

17. INFORMANT AND ADDRESS: Augusta Curtis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia by drowning — Interval between onset and death: Found dead in Creek

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 129.8

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Rock Run Creek; (CITY OR TOWN) Potomac; (COUNTY) Monty; (STATE) Md

TIME OF INJURY (Month) Mar (Day) 17 (Year) 52 (Hour) ? m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Fell in creek - Reported to have been drinking

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Paul J. Bernhart (Degree or title: M.D.) ADDRESS: Gaithersburg Md DATE SIGNED: 3-19-52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial; DATE THEREOF: 3/23/52; NAME OF CEMETERY OR CREMATORY: Union Wesley; LOCATION (City, town, or county) (State): Potomac, Md

DATE REC'D BY LOCAL REG. 3-22-52; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Robert L. Snowden; ADDRESS: Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2615 Newton Street

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2615 Newton Street

3. NAME OF DECEASED (Type or Print) (First) Boyd (Middle) Russell (Last) Tate

4. DATE OF DEATH (Month) Mar (Day) 8 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH January 1, 1886
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Inspector (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Bellefonte, Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Wesley Tate
14. MOTHER'S MAIDEN NAME Nancy J. Reese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Richard C. Tate, 2615 Newton St. [illegible] Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	death
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy __, Inspection X, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident __, suicide __, homicide __, undetermined __*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-9-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 11, 1952
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) Prince George County (State) Maryland

DATE REC'D BY LOCAL REG. 3/10/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR [illegible] Waters, 254 [illegible] St. [illegible] ADDRESS [illegible] Pk., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 12 1952
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Haven
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4607 Baltimore Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomer
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Haven
STREET ADDRESS (If rural, give location) 4607 Baltimore Avenue

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) Clyburn (Last) Taylor
4. DATE OF DEATH (Month) Mar (Day) 20 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-21-1889
9. AGE last birthday 62 yrs. If under 1 year Months 10 Days 29 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Consultant
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Walter S. Taylor
14. MOTHER'S MAIDEN NAME Minnie Clyburn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs.Naomi T. Taylor-same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	death
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-20-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-24-1952
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Virginia
DATE REC'D BY LOCAL REG. 3/21/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
MAR 24 1952
BUREAU V. S.

23202

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 319 Boyd Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 319 Boyd Ave

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Sylvester (Last) Thomas

4. DATE OF DEATH (Month) Mar (Day) 23 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 3, 1896
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible] for Hurt Furniture Co
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James E. Thomas
14. MOTHER'S MAIDEN NAME Katie E. Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Lillian Thomas Fowler - 319 Boyd Ave Takoma Pk.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardiac failure	4 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic alcoholism	8 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection X, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined __.*

SIGNATURE Frank J. Brouchat (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-23-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/26/52
NAME OF CEMETERY OR CREMATORY St. John's Cemetery
LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE March 25 1952 J. Helen Dodd.
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Avenue Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16A

RECEIVED
MAR 26 1952
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18.20

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. COUNTY: - - - -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 4534 Butterworth Place, N.W.

3. NAME OF DECEASED: (Type or Print) (First): (none) (Middle): (none) (Last): THOMPSON

4. DATE OF DEATH: (Month) (Day) (Year): March 28, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 27, 1952

9. AGE last birthday: 00 yrs. IF UNDER 1 YEAR: Months 00, Days 00 — IF UNDER 24 HRS.: Hours 13, Min. 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Dove THOMPSON

14. MOTHER'S MAIDEN NAME: Ruth BAIRD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: - - - - - - - -

17. INFORMANT & ADDRESS: Father: William D. THOMPSON, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Fetal atelectasis	
7:20 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Fetal asphyxia	14½ HRS.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 27, 1952, to Mar. 28, 1952, that I last saw the deceased alive on Mar. 28, 1952, and that death occurred at 10:54 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) C. L. WADE, LT, MC, USN — ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD. — DATE SIGNED: Mar. 30, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF: Mar. 31, 1952 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory — LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG.: Mar. 30, 1952 — REGISTRAR'S SIGNATURE: Cecil Watkins

24. FUNERAL DIRECTOR — ADDRESS: Jos. Gawler's Sons Funeral Home, 1755 Pennsylvania Avenue, NW, Washington, D.C.

RECEIVED
APR 2. 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH — COUNTY: Montgomery; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
LENGTH OF STAY (in this place): 26 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Linerlu Park

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland; COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location): Linerlu Park

3. NAME OF DECEASED (Type or Print): (First) James (Middle) R. (Last) Timbers
4. DATE OF DEATH: (Month) March (Day) 17, (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 18, 1871
9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Hand
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Thomas H. Timbers
14. MOTHER'S MAIDEN NAME: Elizabeth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Leslie Timbers (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Congestive heart failure	1 W.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertensive Heart disease	10 Y
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Obesity

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1943, to 3/17, 1952, that I last saw the deceased alive on 3/17, 1952, and that death occurred at 1150P m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS: Rockville Md. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/22/52
NAME OF CEMETERY OR CREMATORY: Linerlu Park,
LOCATION (City, town, or county) (State): Rockville, Md

DATE REC'D BY LOCAL REG. 3-19-52
REGISTRAR'S SIGNATURE: Helen L. Eckenfelder (Asst Reg)
24. FUNERAL DIRECTOR: Robert L. Snowden ADDRESS: Rockville, Md

RECEIVED
MAR 20 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 1948
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 6607 Clarendon Rd.

3. NAME OF DECEASED (Type or Print): (First) Stephen (Middle) Warren (Last) Truesdale
4. DATE OF DEATH: (Month) Mar (Day) 29 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Mar. 28. 1952
9. AGE last birthday: 1da — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: Clifton Murry Truesdale
14. MOTHER'S MAIDEN NAME: Elizabeth Ann Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Father, 6607 Clarendon Rd Bethesda

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis

762.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Mar 28, 1952, to Mar 29, 1952, that I last saw the deceased alive on Mar 29, 1952, and that death occurred at 1:35 p m., from the causes and on the date stated above.

SIGNATURE: Frank G. Creslie (Degree or title) MD — ADDRESS: 9001 Ga Av. Silver Spring Md — DATE SIGNED: Mar 29, 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4-2-52
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 4/1/52
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Robert M. Humphrey — ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 3 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

296

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; MARYLAND LENGTH OF STAY (In this place) 3 wks; HOSPITAL OR INSTITUTION OR STREET ADDRESS 11708 Georgia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 11708 Georgia Ave

3. NAME OF DECEASED (Type or Print): (First) William; (Middle) Francis; (Last) Tueting Jr.

4. DATE OF DEATH: (Month) Mar; (Day) 24; (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-4-15

9. AGE last birthday: 36 yrs.; If under 1 year: Months 10, Days 20; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired): CEDR-CCC

10b. KIND OF BUSINESS OR INDUSTRY: U.S. navy

11. BIRTHPLACE (State or foreign country): N. J.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm F. Tueting

14. MOTHER'S MAIDEN NAME: Mable Youngfog

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes; (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Lavone Tueting (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage due to bullet wound Fore Skull — Interval Between Onset and Death: 5 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home (CITY OR TOWN) Silver Spring (COUNTY) Monty (STATE) md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Mar-24-52-6:50 Am. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Self inflicted pistol wound

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

SIGNATURE: Frank J. Broschart (Degree or title) M.D. ADDRESS: Gaithersburg md DATE SIGNED: 3-25-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 3-27-1952; NAME OF CEMETERY OR CREMATORY: Arlington National; LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 3/26/52; REGISTRAR'S SIGNATURE: Frances Potter; FUNERAL DIRECTOR: Robert A Humphrey; ADDRESS: Bethesda, Md.

RECEIVED
MAR 28 1972
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. LENGTH OF STAY (In this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 3023 14th Street, N.E. Apt. 615 DC.

3. NAME OF DECEASED (Type or Print) (First) Nell (Middle) Edith (Last) Turner
4. DATE OF DEATH (Month) 3 (Day) 11 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 5-28-1900
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Peeks Kill N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Theodore B. Turner
14. MOTHER'S MAIDEN NAME Ida Anna Barrett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thoracic hemorrhage due to — 5 min.

978X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed Chest and rupture of heart

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital (CITY OR TOWN) Takoma Park (COUNTY) Monty. (STATE) md
TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 11-52 11:45 A m. INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Jumped from Hosp. window. 4th floor

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg md DATE SIGNED 3-11-52

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF March 14-1952 NAME OF CEMETERY OR CREMATORY W. Lincoln Cem. LOCATION (City, town, or county) Mt. George Po. (State) Md.

DATE REC'D BY LOCAL REG. Mar. 11-1952 REGISTRAR'S SIGNATURE J. Wilson Dodd 24. FUNERAL DIRECTOR Ale A.S. Jones Co. ADDRESS 3901-14th St. N.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR. 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Takoma Park
LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE M'd. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 620 Gist Avenue

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
Anna Helena Vaagen	3 22 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Fe	White	Married	4-26-'95	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Fertile, Minnesota	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Rev. A. H. Grieves	Berit Leine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Patient's chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Partial Intestinal Obstruction	3-4 days
216X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized abdominal adenocarcinomatosis	5 mos.
	DUE TO (c) Papulary Cystadenoma left ovary	4 years
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death	Cachexia. Jaundice	2 mos

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
1948	Papulary Cystadenoma of left ovary	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
NO				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 1-5-46, to 3-22-52, that I last saw the deceased alive on 3-22-52, and that death occurred at 10:25 p.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGN'D
[signature]	8005 Woodbury Dr Silver Spring, Md.	3/22/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial & Transp.	3/25/52		Minneapolis Minn

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 26 1952	J. Holman Dodd	The S.H. Hines Co	2901-14th St NW. Wash-D.C.

RECEIVED
MAR 27 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Bethesda, Rural

LENGTH OF STAY (In this place): 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D. C. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 5400 V Street, SE

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) George (Last) VAN HEITEN

4. DATE OF DEATH: (Month) March (Day) 12, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 10, 1900

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months 00, Days 02 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Enlisted Man

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Marine Corps

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George VAN HEITEN

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: - - - - - -

17. INFORMANT & ADDRESS: Wife: Ethel M. VAN HEITEN, 1310 51st Ave., Hillside, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Ruptured Esophageal Varix — Interval Between Onset and Death: 12 hrs

581.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Cirrhosis, Liver, Laënec's due to

DUE TO (c) Alcoholism — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work [ ] Not while at work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 10, 1952, to Mar. 12, 1952, that I last saw the deceased alive on Mar. 12, 1952, and that death occurred at 9:18 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

J. W. FLYNN, LT. MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. March 12, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Mar. 17, 1952

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Mar. 12, 1952

REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers Funeral Home, 517 11th Street, S.E., Washington, D.C.

RECEIVED
MAR 13 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Infant (Middle) Boy (Last) Volm

4. DATE OF DEATH (Month) March (Day) 11 (Year) 1952

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 3·11·52 | 9. AGE last birthday yrs. | If under 1 year Months Days | If under 2 hrs. Hours Min. 9 28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles Arnold Volm | 14. MOTHER'S MAIDEN NAME Virginia Elam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity (25 wks gestation) — INTERVAL BETWEEN ONSET AND DEATH 1 day

776 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ on 3/11, 1952, to ....., 19....., that I last saw the deceased alive on 3/11, 1952, and that death occurred at 1:18 p.m., from the causes and on the date stated above.

SIGNATURE C. H. Sigon (Degree or title) MD ADDRESS Sandy Spring, Md DATE SIGNED 3/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 3/13/52 | NAME OF CEMETERY OR CREMATORY Union Cemetery | LOCATION (City, town, or county) Montgomery County (State) Md.

DATE REC'D BY LOCAL REG. 3/17/52 | REGISTRAR'S SIGNATURE Francis Ottier | 24. FUNERAL DIRECTOR Warner E. Humphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

VS. 415

Sigon

RECEIVED
MAR 14
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 1 yr	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington - D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Alta Vista - Rest Home	STREET ADDRESS (If rural, give location): 5312 - 42nd St. N.W.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Theresa Whitaker			4. DATE OF DEATH (Month) (Day) (Year): Mar - 11 1952		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: May 2 1872	9. AGE last birthday: 79 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Tenn -		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Wilgernon Whitaker			14. MOTHER'S MAIDEN NAME: Hester Lundle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No		16. SOCIAL SECURITY No.: 577-12-6193	17. INFORMANT AND ADDRESS: Bernice Whitaker 5312 42nd St. Washington D.C.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	48 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular-renal disease	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1951, to Mar 11, 1952, that I last saw the deceased alive on Mar 7, 1952, and that death occurred at 2:40 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sidney C. Conserva	M.D.	3921 - Ingomar N.W. Wash D.C.	3-11-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF: 3/13-52	NAME OF CEMETERY OR CREMATORY: Monocacy, Poolesville Md	LOCATION (City, town, or county) (State): Poolsville, Md.
DATE REC'D BY LOCAL REG.: 3-14-52	REGISTRAR'S SIGNATURE: Bessie M. Hoffman	24. FUNERAL DIRECTOR: J. Wm Lee's Sons Co.	ADDRESS: 3[illegible] - 4th Washington

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 2 mos. 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: N.C. — COUNTY: Catawba
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hickory
STREET ADDRESS (If rural, give location): 360 20th Avenue, N.E.

3. NAME OF DECEASED: (Type or Print) (First) Clyde (Middle) Nolan (Last) WHITE, Jr.

4. DATE OF DEATH: (Month) (Day) (Year) March 25, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 13, 1927

9. AGE last birthday: 24 yrs. — IF UNDER 1 YEAR: Months 08, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Petty Officer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Clyde Nolan WHITE, Sr.

14. MOTHER'S MAIDEN NAME: Lilly May AYERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: - - - - - - - -

17. INFORMANT & ADDRESS: Father: Clyde N. WHITE, Sr., same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cachexia	2 MO
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Intestinal Obstruction	3 MO
DUE TO		
	(c) Adenocarcinoma Colon	2 yr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 31, 1951, to Mar. 25, 1952, that I last saw the deceased alive on Mar. 25, 1952, and that death occurred at 12:41 P m., from the causes and on the date stated above.

SIGNATURE: D. J. Dobhan — (DEGREE OR TITLE) ADDRESS: D. J. DOBHAN, LT, MC, USN — U.S. NAVAL HOSPITAL, BETHESDA, MD. — DATE SIGNED: March 26, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Mar. 28, 1952 — NAME OF CEMETERY OR CREMATORY: Catawba Memorial Park — LOCATION (City, town, or county) (State): Hickory, North Carolina

DATE REC'D BY LOCAL REG.: Mar. 26, 1952 — REGISTRAR'S SIGNATURE: Edith Whillington

24. FUNERAL DIRECTOR — ADDRESS: Chevy-Chase Funeral Home, 5103 Wisconsin Avenue, N.W., Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-15 8-51

RECEIVED
MAR 27 1952
BUREAU K. S.

Item 8 Film 140 4/1/52 wh

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 31 days 11 hrs 45 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lincoln Park, Rockville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) C. (Last) Williams

4. DATE OF DEATH: (Month) 3 (Day) 11 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 12 1896 95
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months 8 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rodger Williams
14. MOTHER'S MAIDEN NAME: Sarah Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) World War
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Melvin C Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 1. Coronary atherosclerosis 2. Syphilitic aortitis — INTERVAL BETWEEN ONSET AND DEATH ? Years
DUE TO
02 X
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Syphilis
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 15, 1952, to 3/11, 1952, that I last saw the deceased alive on 3/10, 1952, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE Murray Cross (DEGREE OR TITLE) MD. ADDRESS Silver Spring, Md. DATE SIGNED 3/11/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF March 14
NAME OF CEMETERY OR CREMATORY Arlington national Cemetery
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 3-14-52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (In this place): 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural, give location): 2414 39th St., N.W.

3. NAME OF DECEASED: (First) Willian (Middle) Chambers (Last) Williams (Type or Print)

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: March 15, 1902

9. AGE last birthday: 50 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dietician

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Medicine Co., Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Coleman Chambers

14. MOTHER'S MAIDEN NAME: Lavinia Blackwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Sister - Roberta McCluskey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Carcinomatosis	July 1951
1708 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Metastases from Carcinoma left breast	1949
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma left breast

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to March 23 1952, that I last saw the deceased alive on 22 March 1952, and that death occurred at 7:10 A.m., from the causes and on the date stated above.

SIGNATURE: Stewart Klapp — (DEGREE OR TITLE) M.D. — ADDRESS 3921 Ingomar St N.W. — DATE SIGNED 3-23-52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF 3/25/52 — NAME OF CEMETERY OR CREMATORY: Martin W Byrong Co — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 3/24/52 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR — ADDRESS: 1300 N St NW Wash DC

Cedar Hill Cemetery Suitland, Md.

VS-A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13215

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park

LENGTH OF STAY (in this place) 19 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE District of Col. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.

STREET ADDRESS (If rural, give location) 6149 Kansas Ave. NE.

3. NAME OF DECEASED: (Type or Print) (First) Sada (Middle) Centolia (Last) Wilson

4. DATE OF DEATH: (Month) 3 (Day) 30 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 2-16-81

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Tres. Dept Wkr.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Point of Rocks, Md.

12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: John Nichols

14. MOTHER'S MAIDEN NAME: Mary Hunter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wash. San. & Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (n) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 Mo 52

442X

DUE TO

Antecedent cause(s) (b) Cardio Vascular Renal Disease — 5 yrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to 3/30, 1952, that I last saw the deceased alive on 3/30, 1952 and that death occurred at 12:45 p.m., from the causes and on the date stated above.

SIGNATURE Robert R. Kelly (DEGREE OR TITLE) ADDRESS 1222 Monroe St NE DC DATE SIGNED 3/30/52

23. BURIAL CREMATION REMOVAL (Specify): DATE THEREOF 4-2-52 NAME OF CEMETERY OR CREMATORY St Paul Episcopal Cem. LOCATION (City, town, or county) Point of Rocks (State) Md

DATE REC'D BY LOCAL REG. Mar. 30-1952 REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14th St N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03216

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8019 Eastern Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8019 Eastern Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Herbert	Elliott	WOOLLEY	MAR.	11	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		MAY-19, 1883	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired Gov. Worker	U.S. Government	Kanab, Utah	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edwin D. Woolley	Florence Snow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	212-24-4775	8019 Eastern Ave., Prescinda B. Woolley, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA OF PROSTATE & METASTATIC SPREAD)	5 YEARS
177K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from OCT. 10, 1950, to MAR 11., 1952, that I last saw the deceased alive on MAR. 10, 1952, and that death occurred at 6 45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Glenn Slotter MD	8100 Eastern Ave NW	3/11/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Ship. & Burial	Mch. 14, 1952	Logan City Cemetery	Logan, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/14/52	Frances Potter	Warnock E. Pumphrey	Silver Spring, Md.

RECEIVED
MAR 17 1952
BUREAU V. S.